Clinical Lectures
ON
SOME POINTS IN THE DIAGNOSIS OF SPINAL SCLEROSIS.

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LECTURE II.

THE presence of patellar tendon reflex is the rule in health; its absence frequently points, as we have seen,[1] to sclerosis of the posterior columns of the cord, and this negative symptom may thus prove to be of no small value where there is occasion for doubt, and especially when it is a question of the cause of atrophy of the optic discs in certain cases. It is necessary, however, to remember that the mere absence of this reaction is not of itself necessarily diagnostic of tabes dorsalis. If the cord be greatly disorganised in its lumbar portion—as, e.g., by acute myelitis or softening—blows upon the ligamentum patellæ will fail to excite contraction of the quadriceps extensor muscle. In such a case, however, the paralysis of the lower extremities will be so pronounced as of itself to exclude the diagnosis of locomotor ataxia. Moreover, there is always the possibility to be considered of the phenomenon being naturally absent in some healthy persons. Westphal says he has seen no instance of this. I certainly failed to produce the reflex not long since in a member of our profession, whose health, happily, leaves nothing to be desired. The experiment was, however, inconclusive, as the skin was not bared.

There is one source of error against which it is necessary to guard, as tending to a false conclusion, and which I can illustrate by the patient whom I now show to you, who represents a typical case of progressive locomotor ataxy. Incidentally, besides indicating an error which is to be avoided, the application of the process in this instance shows, I think, the *modus operandi* of the test.

This patient, then, has the staggering gait so well-marked that the nature of his disease is suggested at the first glance, and is confirmed by the account which he gives us of lightning pains and transient diplopia. When his legs are crossed, and one foot is pendulous, if we strike upon any part of the ligamentum patellæ there is no response whatever, the foot remains perfectly still. So, also, if we strike in the situation of the *tendinous* structure above the knee-cap, there is an equal absence of any response. When, however, the blow is allowed to fall where the plump of *muscle* somewhat projects above and to the inner side of the patella (the vastus internus) there is a very slight upward movement of the foot. It is important to distinguish this action from the patellar tendon reflex proper, which is present in health, but is lost in locomotor ataxia. Examining the movement, we see that it is slow as well as slight, and is occasioned by the contraction of a very limited number of the muscular fibres of the vastus internus. That this contraction is confind to the muscular bundles of the part struck is shown by the very palpable wave which appears at the spot. The wave is deep, slow in movement, and its direction is obliquely downwards and outwards, corresponding with the direction of the bundles of muscular fibres. It contrasts as strongly as may well be with the sudden and rapid thrill of contraction which may be felt or seen to occur in various and distant parts of the quadriceps in response to a blow upon the patellar tendon in a healthy person. Just such a wave of contraction usually (but not always) occurs, however, if you strike the vastus internus of a healthy person, and it appears to show (what is now generally accepted) that muscular structure may be *directly* excited by a mechanical stimulus—i. e., without the intervention of the intra-muscular nerves. That the contraction following upon such a stimulus is really independent of the influence of the motor nerves, and proceeds from the direct action of the stimulus upon the muscular structure, seems to me practically established for the following reason:—The contraction in question bears the closest possible resemblance to the sluggish wave which may, under certain circumstances, be seen to pass through a muscle which is completely cut off by disease or injury from the influence of a motor nerve, or of its centre of nutrition in the cord, when you excite the muscular structure by opening and closing the circuit of a weak voltaic current. On the other hand, it is in striking contrast with the short and quick contraction which responds to stimulation of the motor nerve, where this is healthy and its communications with muscle and a normal spinal cord uninterrupted.

Considering, then, that in this man we have a muscle which is manifestly quite ready to be excited by a mechanical stimulus, and that blows upon the tendon altogether fail to excite it, I think we may take it that the "knee phenomenon" of Westphal is not produced simply by direct and mechanical influence upon the muscular structure of the quadriceps. The muscle is here, indeed, more than normally ready to contract upon direct local stimulation, yet no amount of pulling upon it by means of blows upon the tendon—and the mechanical effect of these blows must be to pull upon the muscle, tendinous structure being practically inextensible—produces the desired effect. The conclusion seems inevitable that the sudden and general contraction of the quadriceps seen to occur in health in response to blows upon the ligamentum patellæ is brought about in a reflex manner through the medium of centripetal nerves, their centre in the cord, and the motor nerves to the muscles. The degeneration of the cord in posterior sclerosis appears, by interrupting this nervous arc, to prevent the accomplishment of the normal reflex. The slight movement of the foot then which we have just seen in a typical case of ataxia in response to a blow upon the muscular structure is something quite apart from the patellar tendon reflex, and must not be confounded with it.

Other tendons in various situations, when they are suddenly pulled upon, bring about reflex contraction of the muscular structure continuous with them. It seems probable, indeed, that this is constantly the case in health, but by reason of the size of the structures engaged, and their mechanical disposition, the phenomenon is shown by the ligamentum patellæ better than in other quarters. But just as under certain circumstances the patellar tendon reflex may be absent, it may also under other conditions be greatly intensified. A blow of the same strength as produces a very slight movement of the foot in health, may, under peculiar circumstances, cause a jerk upwards measuring many inches; or a much lighter blow than will cause any response in health may be found sufficient to produce a very decided kick. (This was seen to be the case in the patient B——, referred to in the last lecture.) In another patient under observation at the present time this exaggeration of susceptibility is particularly well shown. The man has recovered to a very great extent from an attack of left hemiplegia, diagnosed as dependent upon softening from thrombosis. He is able to be on his feet all day without inconvenience, and shows nothing to the eye but a little stiffness in his gait, and a very trifling awkwardness in the more delicate movements of his left hand. If he sits with the left leg crossing the right, and with the foot pendulous, and one gives a slight fillip with the thumb and forefinger upon any part of the ligamentum patellæ, down to its insertion, there is a jerk upwards of the foot to the extent of from eight to twelve inches. But this is not all: a similar fillip a little *above* the patella produces a like though somewhat smaller effect. It is to be noted, however, that the tap must be on the tendon of the rectus femoris or of the vastus externus to produce this jerk. If it falls upon the muscular structure itself there is no kick, but only a slight and slow movement upward of the foot similar to that which we have seen to occur in the ataxic patient. In addition to this, a slight tap upon the centre of the knee-cap itself produces the characteristic contraction of the quadriceps. This can hardly do more than shake the tendon, but it is sufficient. In this case circumstances leave but little doubt that the lesion, situated probably in the right corpus striatum, has given rise to secondary degeneration in the spinal cord, a band of sclerosis extending into and down the lateral column of the opposite side.

Now, besides the peculiarly heightened susceptibility to impressions which is shown about his knee-joint, the patient

[1] THE LANCET, page 111.

in question presents in a well-marked form certain rhythmic movements of the foot the occurrence of which will be often found to lend substantial aid to diagnosis in some forms of sclerosis. It will be convenient here to describe the phenomenon in detail, and I am able to show you this "foot-trepidation" in a man (C——) attending the hospital, in whom it is pronounced. The patient being seated, and the leg (with the foot bare) extended, the examiner, supporting the limb by one hand placed below the heel, seizes the anterior part of the foot, and by a sudden somewhat vigorous push towards the trunk brings the foot-joint into dorsal flexion. He immediately feels a downward pressure of the foot—a strong tendency for it to be pointed,—which he resists by continuing his pressure. Then comes a series of rapid and rhythmical movements (flexion and extension) of the foot, which continue as long as the pressure is kept up, or until the muscles are tired. (Occasionally, if the movements do not appear when the foot is dorsal flexed, a slight blow upon the tendo Achillis will have the effect of starting them.) Now, this patient tells us

that the trepidation is also apt to occur if he puts his foot into a certain position—if, e. g., he rests the anterior part of the sole upon the edge of a chair whilst he laces his boot. In doing this he evidently puts the tendo Achillis on the stretch. That it is to the strain upon the muscle through the medium of the inextensible tendon that we must refer the initiation of the movements, and not to any influence of the skin of the foot-sole, is proved, I think, very simply and completely by a case in which I first noticed this phenomenon six years ago. The patient, a man aged thirty, was paraplegic, and could not stand without support. Seated, with the foot upon the ground and somewhat advanced, so that the leg formed a slightly obtuse angle with the thigh, he remained still enough; but if with the aid of his hand he dragged the foot backwards towards himself, on arriving at a certain point the knee would be jerked vigorously up and down by the rising and falling of his heel, so violently indeed that the room would shake again with the rhythmic movements. It reminded one so much of the action of a man who works at a lathe that I have often since pointed out a similar condition in other patients under the name of the "turning-lathe movement." In the case described it will be seen that, as the foot touched the floor all along, the skin was necessarily subjected to the same impression throughout the proceedings; but it was only when, by drawing the foot under him, the tendo Achillis was pulled upon, that the movements were started. The possibility of an action upon the skin, therefore, being the exciting cause must be eliminated from consideration. (I may say that when I last saw this patient, two years ago, the foot trepidation continued to occur under similar circumstances.)

This phenomenon is so remarkable that it must have been observed by many besides those who have referred to it in writing. It bears a close resemblance to the symptom which Brown-Séquard called by the name of "spinal epilepsy,"[2] but I have not seen the movements stopped, as he describes, by suddenly and forcibly bending the big toe. Nor has it escaped the ever-watchful eye of Charcot.[3] Recently increased attention has been brought to bear upon it, and it has been minutely described by Westphal (in the paper already referred to), and also by Erb, who has bestowed upon it the convenient term "reflex clonus."[4] In all likelihood the process belongs to the same category as the patellar tendon reflex, although at the first glance it does not appear easy to reconcile with this view the apparently automatic *recurrence* of movements. What happens is probably this: The sudden dorsal flexion of the foot, by its strain upon the tendo Achillis, causes reflex contraction of the muscles of the calf, and the tendon is consequently pulled up. But the pressure of the operator's hand, although it has been overpowered for an instant by the contraction of these powerful muscles, is still continuing to act against the anterior part of the foot with the effect of again pulling the tendo Achillis, and this in its turn again excites contraction. The anatomical arrangement is such that the hand works a lever of the first class, the lower extremity of the leg-bones being the fulcrum, and the tuberosity of the os calcis marking the position of the weight. In consequence of the leverage the operator is able to exert a very considerable power upon the tendon which has been pulled up by the contracting sural muscles. The movements may be immediately stopped by bringing the foot into plantar flexion.

The patellar tendon reflex, as we have seen, is a phenomenon which occurs in health; the reflex clonus of the foot, on the other hand, cannot be produced, so far as I am aware, by dorsal flexion of the foot of a healthy person, although an approach to it will sometimes occur spontaneously in persons who are quite well. The occurrence of the foot-trepidation along with greatly heightened patellar tendon reflex, as in the case of the hemiplegic patient, is evidence, so far as it goes, of a direct association in the cause of the two phenomena. In his case, as in numerous others in which reflex clonus of the foot has been seen to occur, the existence of lateral sclerosis cannot be doubted. How far the occurrence of these movements is pathognomonic of particular situations of sclerosis in the spinal cord, and the diagnostic value of the symptom in the case of the patient C——, in whose person I have shown them, must be left for future consideration.

PARACENTESIS ABDOMINIS BY GRADUAL DRAINAGE WITH A SINGLE FINE CANNULA.

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THE unusual relief of the distressing symptom of anasarca which I found follow the employment of fine drainage-cannulas encouraged me to employ nearly the same apparatus in the treatment of ascites; and now that my experience has extended over a fair number of cases, enough to satisfy me that this mode of proceeding is attended by no extra risks, I venture to lay it as briefly as I can before the profession.

Apparatus.—The trocar and bulb-headed cannula required for the purpose of gradually drawing off ascitic fluid, by the help of a capillary tube, differs very little from that employed by me for anasarcous limbs. Both instruments are equally fine. The calibre is the No. 1 exploring trocar of the surgeon. One long needle-trocar, measuring an inch and three-quarters in length from hilt to point, has appeared long enough for all the cases hitherto tapped by me. Three or four cannulas of different lengths, adapted to the thickness from fat and œdema

[2] Archives de Physiologie, vol. i., p. 158.
[3] Leçons sur les Maladies du Système Nerveux. Paris, 1873, 3me fasc., p. 218.
[4] "Ueber Sehnen reflex bei Gesunden und bei Rückenmarks-kranken." Archiv für Psychiatrie. Berlin, 1875.

of different abdominal walls, are required. The cannulas may be perforated with as many as six or eight side holes—the more the better, so that their strength is not interfered with. The mouth end of each cannula should be armed with a small silver plate or shield, to obviate any risk of the cannula head sinking beneath the surface of the skin when this is highly œdematous; and, simple as it may seem to contrive an armature which may thus secure and help to maintain the cannula in position, I may say that I have not yet quite mastered the matter. As to the length of the shield or cross-beam, one inch appears ample—i.e., half an inch each side of the cannula. The shield may be round or square with rounded edges, or, as I have had mine made, as elongated plates, one inch long by a quarter of an inch broad, and about a thirty-second of an inch thick. Whether the cannula was best fixed immovably to the shield or otherwise, was the next point to decide. It was found that the immovably fixed shield, held fast by two strips of plaster, by dint of the movements of the abdominal muscles in respiration either worked away from its plaster moorings or tended to work out the cannula end from the peritoneal cavity. Messrs. Ferguson therefore contrived a shield for me which held, but allowed the cannula a limited play in every direction, and in practice this has worked admirably. One instrument I had made for those particular cases in which, although the ascites has been considerable, and its relief urgent, the presence either of cancerous tumours in the abdominal cavity or an enlarged liver has rendered a hard and pointed body, like the cannula end, abutting on the peritoneal aspect of the abdominal parietes, undesirable; for as the fluid drains away the abdomen collapses and the parietes sink, and large, soft-surfaced masses, moved up and down by the descent of the diaphragm, might be torn and fretted against the cannula, and made to bleed. To meet this emergency a cannula which merely traversed a shield-plate, and was not fixed at all, appeared best adapted. If anything pushed it from within, out it could come.

Mode of operation.—Trivial as this is, it appears to me from experience that there is a right and a wrong way of introducing the cannula. Instead of driving the trocar in quite perpendicularly, it is best to slope the point downwards somewhat towards the pubes, and to avoid making the cannula point upwards towards the sternum. The wound made is so slight that one can afford to make it almost anywhere, but from prejudice I should select the raphe or mesial line below the umbilicus, and about midway between this and the pubes. Before operating, I always insist upon my house-physician ascertaining that the bladder is empty.

I append one case of ascites from cirrhosis thus treated, but for the last year I have had every case of ascites—hepatic, carcinomatous, cardiac, renal—which has fallen under my care at St. Bartholomew's, and required tapping, tapped in this way; and the results have proved sufficiently satisfactory for me to recommend it highly. I have had no instance of peritonitis thus provoked. The paracentesis, instead of being a formidable operation, is nothing more than the prick of a needle. The ascitic fluid is quite sufficiently evacuated; it is also removed gradually, the near average rate of its removal being from ten to twenty ounces per hour. The pressure upon the diaphragm, the intestines, the intra-abdominal vessels, and the walls of the abdomen, is slowly but steadily relieved. There is no syncope provoked and no necessity for swathing the patient with bandages, a circumstance in the old method of performing paracentesis by large trocars which in hot weather added greatly to the patient's distress. Both by doctors and patients this mode of performing paracentesis will, I think, be hailed as an advance in clinical medicine.

William H——, aged fifty-eight, shoemaker, was admitted into Luke ward on March 12th, 1878, for extensive ascites and anasarca of his legs. The abdomen was very tense; dyspnœa considerable; some cyanosis. Urine scanty, high coloured, of high specific gravity, containing no albumen. Heart's apex beat two inches outside left nipple line; systolic murmur loudest at apex and over ventricle. Pulse very irregular. Breathing shallow; some œdema of both bases, posteriorly with bronchial râles. Limit of liver and spleen not to be ascertained by reason of the ascites. Up to ten years ago he had had good health; then had first attack of rheumatic gout. Was admitted into the hospital in June, 1876, for dropsy of legs and abdomen, and was discharged well, and again for a recurrence of dropsy about Christmas, 1876.

The man's physiognomy, his habits of life, and the manner in which his present dropsy had commenced, the abdomen swelling before the legs, led me, notwithstanding the cardiac murmur, manifest dilatation of both ventricles, and irregular heart's action, to attribute his dropsy principally to cirrhosis of the liver and an obstructed portal circulation.

Paracentesis abdominis with my fine trocar and fixed shield was performed at 6 P.M. on March 13th. In twenty-one hours, 11,400 cc. of clear, straw-coloured serum had been evacuated by the capillary tube. The specific gravity of the ascitic fluid was 1020; reaction alkaline. The amount of fibrin as well as of albumen in it very considerable; the former manifesting its presence by spontaneous formation of a slight coagulum in the fluid. The tube was removed during the night of the 14th–15th, the fluid having ceased to flow, and the abdomen being quite flaccid.

March 18th.—Condition singularly improved: appetite good; functions normal; urine flow abundant, clear, amber-coloured, alkaline, sp. gr. 1024, no albumen; breathing quite tranquil; sleeps well; heart's apex still beats two inches outside left nipple perpendicular between fourth and fifth ribs; action still irregular; first sound loud and ringing, but attended by no murmur; liver manifestly contracted, small, and cirrhotic.

Towards end of April the abdomen had again filled considerably, and the legs began to be œdematous once more, but his appetite and general health were otherwise fairly good.

May 5th.—The distension of abdomen and interference with the descent of the diaphragm again threatened death by dyspnœa. Breathing shallow and hurried. The auscultatory signs rendered presence of some fluid in right pleura probable, as also œdema of lower part of left lung. Paracentesis again performed as before. The tube remained in thirty-three hours, during which time twenty-one pints of clear fluid were drawn off; it ceased flowing on the morning of the 7th of May.

On May 9th he was so perfectly comfortable and feeling so well that there was no object in keeping him longer in bed. On May 11th he was discharged at his own request.

Remarks.—This patient's case was doubtless a highly favourable one for relief by tapping. The best prognostic feature in any case of hepatic dropsy is a stomach that still maintains digestive powers. In treatment, however, this mode of performing paracentesis leaves nothing to be desired; the *tuto, cito, et jucunde* are sufficiently fulfilled by it.

Harley-street, W.

CONTRIBUTIONS TO PLASTIC SURGERY.

BY SURGEON-MAJOR J. M. FLEMING, M.D.,
BENGAL MEDICAL DEPARTMENT.

THE following cases, in which endeavours were made at the restoration of lost or damaged parts, are, perhaps, sufficiently interesting to be placed on record:—

CASE 1. *Restoration of Nose.*—Jamuna, Hindu, admitted into the Khandwa Dispensary (Central Provinces), in August, 1869, on account of loss of the nose three or four years previously. The whole of the nose, beyond the extremity of the nasal bones, wanting, with the exception of a small part of the left ala.

August 17th.—Placed under chloroform, and a flap of skin dissected from the forehead, brought down by a twist towards the right side, and attached to the stump, previously pared, by a twisted suture at each angle, and strips of adhesive plaster along the sides. Nostrils stuffed with lint moistened with carbolic oil. The lower part of the wound on the forehead brought together with a twisted suture, and the whole covered with carbolic dressing, a flap of dry lint being allowed to hang down over the nose.

20th.—Dressings changed. The edges of the new nose, where visible, look healthy.

22nd.—Found, unfortunately, this morning that some maggots had got under the flap. These were removed as far as possible, and the parts where they had lodged freely touched with a strong solution of carbolic acid. Needle on forehead and the one at left angle of nose removed, and strapping changed. Good adhesion at septum, and at both angles of nose.

23rd.—Needle at right angle of nose withdrawn. Turpentine had to be applied to destroy the maggots, some of which had again appeared.

Sept. 5th.—Good union all around edges of flap. Wound on forehead reduced to about one-fourth of its original size.

23rd (five weeks after operation).—Union of the flap being complete, the pedicle was divided by passing a director under it and cutting out a small wedge-shaped piece. After this the new nose shrank somewhat, and the patient was by no means pleased at the loss of the prominent bridge, by which she considered that her appearance had been very much improved. It was therefore resolved in any future operations of this kind to dispense with dividing the pedicle, and also, warned by the attack of the maggots, to avoid oily dressings, and to substitute court plaster for diachylon.

She left hospital with a very good nose.

CASE 2. *Restoration of Nose.*—Dhani, Bhat, aged twenty-eight, admitted into the Khandwa Dispensary (Central Provinces) on December 26th, 1873, for loss of nose about two years before. In appearance the patient resembled the preceding. A similar flap was brought down and attached by horsehair sutures and small strips of court plaster.

This patient left hospital before the result of the operation could be ascertained.

FIG. 1.

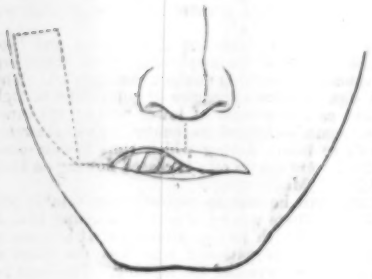
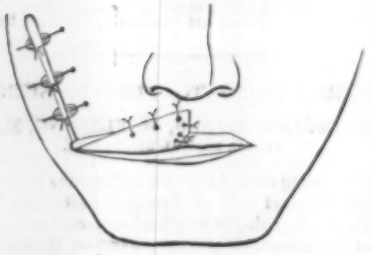


FIG. 2.

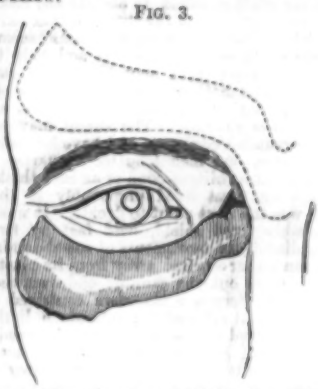


CASE 3. *Restoration of part of Lip.*—Similarly in a case in which part of the upper lip was restored by a flap from the cheek (as shown in Figs. 1 and 2), and which promised well, the patient left before the cure was complete.

CASE 4. *Restoration of part of Cheek.*—In the case shown in the next sketch (Fig. 3) the patient had been run over by a bullock-cart, receiving, amongst other injuries, a severe lacerated wound on the right cheek. Sloughing ensued, leaving a large irregular scar over the malar bone, with a fistulous opening into the nasal cavity. A flap was brought down from the forehead with a curved pedicle, and good union took place, with immense improvement to his appearance.

CASE 5. *Partial Restoration of Nose and of both Lips.*—Piyari, Hindu, aged thirty, was admitted into the Hoshangabad Dispensary (Central Provinces), on the 21st September, 1875, on account of a severe injury from a horse. While feeding the animal, he suddenly seized her by the right side of the face, tearing off part of the cheek, half the lips, and the right ala of the nose. An endeavour was made to bring the torn edges of the wound together, but proved unavailing, and a hideous gap remained, completely exposing the teeth and gums. Granulation proceeded slowly, and she was still under treatment when I left for the hills on privilege leave in the summer of 1876. On my return she begged that some operation might be undertaken with a view to restoring the lost parts. Her appearance at this time is shown in Fig. 4, and the further progress of the case is detailed below.

FIG. 3.



Oct. 15th, 1876.—Placed under chloroform. The divided edges of the lower lip pared, and two incisions (indicated by dotted lines in Fig. 4) carried down to the chin, and then,

FIG. 4.

in a curve, along the edge of the jaw, terminating on the left side on a level with the angle of the mouth, and on the right side about two inches higher up. The flaps thus indicated were loosened from the subjacent textures, and brought together with a harelip needle and two silver sutures and strips of court plaster. Lateral wounds covered with dry lint, and a four-tailed bandage applied.

23rd (eight days after operation).—Dressed for the first time. Sutures not interfered with. Parts apparently in good position. Side wounds granulating.

27th.—Complete union appears to have taken place. Needle loose, and therefore removed. Sutures left.

30th.—Complete union has taken place. Sutures cut and removed. The appearance is shown in Fig. 5 (taken on November 3rd).

FIG. 5.

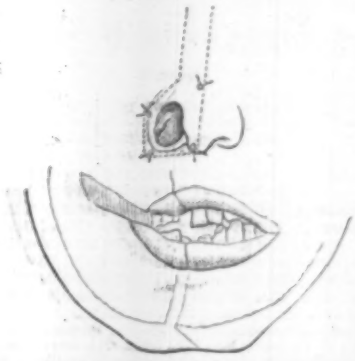
On Nov. 3rd the operation for restoration of the upper lip was performed. The orbicularis oris muscle was divided at

right angle of the mouth, and the small button-like remains of lip dissected up from the mucous membrane. The remains of the lip on the left side were completely separated from its attachments by an incision under the nose. The edges were pared, and the segments brought together with two harelip pins twisted with horsehair, and some horsehair sutures, strapped with court plaster and bandaged.

10th.—Bandages removed for the first time; needles and strapping not interfered with. Segments of lip appear to be in good position. Wound at angle of mouth granulating healthily.

12th.—Her appearance now is shown in Fig. 6. Patient expresses herself as pleased with the state of her mouth, but will not be satisfied unless her nose is also rectified.

FIG. 6.



The restoration of the lost part of the nose was now undertaken. There being no skin available from the cheek, a flap was brought down from the forehead and attached by horsehair sutures, as indicated by the dotted lines in Fig. 6.

14th.—In all respects doing well.

I left for Meerut on Nov. 15th, but, by the kindness of Dr. Leckler, of the Madras Army, who succeeded me at Hoshangabad, am able to give the further history and ultimate result of the case.

On Dec. 5th the wound on the forehead was healing. The flap on the nose adherent at the lower end, but not in the middle. Scars round the mouth, especially radiating from right corner. Cicatricial tissue tense, but not hard. The mouth could be slightly opened; ovoid in shape; apex to left side. General constitution fair. Pulse of good strength. On the 21st the wound on the forehead had almost healed. The mouth was gradually enlarging. A fistula existed below the lower lip in the scar. The flap on the nose not adherent, except at the apex of the nose. On the 27th the skin brought down from the forehead was partly removed, a piece at the apex of the nose having been left. The aperture of the mouth was also enlarged by ligature. On Feb. 18th, 1877, all the wounds had healed. The mouth open to the extent of an inch and a half. A small fistula in the lower lip remained; nose looking well; ala somewhat more globular than might be wished. Discharged.

CASE 6. *Restoration of Nose.*—Nasiban, Dhobin, aged thirty, was admitted into the Simla Dispensary on August 14th, 1877. She stated that her nose was cut off by her husband about six or seven years ago. Nearly the whole of the fleshy part of the nose had been removed. A part of the left ala only remained, and had been drawn in across the nostril. Bridge of nose flat; forehead low. A thin, ill-nourished woman, with dusky complexion.

August 16th.—Left ala nasi removed, and stump of nose freely pared; a narrow strip of cuticle being also removed along the centre of the bridge so as to allow the pedicle of the flap to become attached in its entire extent. Flap taken from right side of forehead with a *curved* pedicle, brought down and attached by two twisted sutures at angle of nose, four horsehair sutures at right, and two at left side. Wound partly brought together by two twisted and two horsehair sutures. Water-dressing applied. Two small plugs of oiled lint introduced into nostrils, and edges of flap protected with narrow strips of court plaster. A flap of lint laid loosely over the nose, and retained by a tape and bandage. (The appearance of the parts immediately after the operation is shown in Fig. 7.)

19th.—Bandages changed; nose looks healthy; the other dressings, being closely adherent, were not disturbed.

FIG. 7.

21st.—Wound on forehead beginning to granulate; dressed with adhesive plaster; lint firmly adherent to root of nose; no attempt made to remove it. Nose healthy, some bland pus escaping from right nostril, the plug of which has been forced out; plug replaced.

29th.—Granulations on wound level with the skin; edges sprinkled lightly with burnt alum.

31st.—Needle at left angle of nose loose; removed.

Sept. 1st.—Needle at right angle removed.

2nd.—Plugs removed from both nostrils, and short pieces of No. 4 elastic catheter, covered with oiled lint, introduced; adhesion of flap seems perfect.

6th.—Needle at root of nose removed.

8th (twenty-three days after operation).—Court plaster removed *for first time* from sides of nose; good union along both sides; nostrils well dilated and lined with a glazed membrane.

After this the progress of the case was rapid. The horsehair stitches were removed on Sept. 13th, four weeks after the operation. The nostrils were kept dilated with pieces of No. 11 catheter, and on Oct. 4th, the wound being all but cicatrised, she was allowed to go to her home.

The old cicatrix shows slightly below the new nose, the left nostril is somewhat more dilated than the right one, and the right eyebrow a little displaced by the cicatrisation of the wound. In all other respects the result is satisfactory, and the patient is very much pleased with her improved appearance.

(To be concluded.)

ON DIPHTHERIA, FROM A PREVENTIVE-MEDICINE POINT OF VIEW.

BY W. N. THURSFIELD, M.D., S.SC.C. CAMB.

(Continued from p. 148.)

INCIDENCE OF DIPHTHERIA.

STATISTICS are of very unequal value for the same points in different diseases. With reference to locality, there is, in many diseases—as, for instance, consumption, enteric fever, and cancer,—the greatly disturbing element that the mortality returns frequently refer to a different place from that in which the disease was acquired, and are, therefore, practically valueless as regards locality. In this respect I believe the mortality statistics with reference to diphtheria are more valuable than almost any other disease, because not only

TABLE III.

Deaths from Diphtheria per 100,000 of Population in Ten Large Towns and in Ten Rural Counties.

TOWNS.

	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	Mean.
Birmingham...	19·4	22·0	23·4	27·1	20·2	15·0	14·3	14·0	19·4
London	9·7	9·5	8·0	9·5	10·7	15·9	10·3	8·9	10·3
Liverpool ...	12·8	14·9	13·8	9·8	10·6	5·2	5·2	10·2	10·3
Sheffield ...	11·0	6·6	7·2	5·8	8·0	4·5	7·3	12·0	7·8
Newcastle ...	6·3	10·8	6·1	8·2	10·3	7·3	7·1	7·0	7·8
Leeds	9·4	9·2	3·7	8·0	10·4	8·1	7·2	5·6	7·7
Bristol	11·0	10·3	8·5	10·5	7·3	6·6	5·5	2·4	7·7
Manchester ...	10·2	3·1	5·3	3·1	3·1	12·1	7·8	9·1	6·7
Hull	10·0	1·6	5·6	5·4	9·2	5·2	7·3	9·2	6·6
Nottingham ...	8·1	4·6	0·0	0·0	9·9	2·2	1·1	2·1	3·5

COUNTIES.

	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	Mean.
Sussex	29·6	16·8	18·7	16·3	30·4	24·2	17·5	15·6	21·1
North Wales...	23·6	16·7	11·7	15·6	19·3	21·3	18·3	16·7	17·9
Shropshire ...	13·4	14·2	15·3	12·3	22·8	17·9	25·4	17·6	17·3
Kent*	15·5	17·3	11·1	15·2	19·6	22·8	19·2	11·1	16·4
Oxfordshire ...	9·5	11·2	14·0	12·3	22·4	21·8	8·9	8·9	13·6
Hampshire ...	15·0	11·9	12·1	11·4	21·0	14·6	7·9	8·9	12·8
Essex	7·4	11·5	6·8	12·7	13·6	15·6	19·7	15·1	12·8
Lincolnshire...	12·1	7·9	5·1	9·3	13·5	17·9	18·4	13·7	12·2
Dorsetshire ...	17·9	20·1	6·8	7·9	19·5	11·1	5·2	6·3	11·8
Herefordshire	7·4	5·7	5·7	13·2	9·9	14·0	11·5	16·5	10·4

The deaths are in each case those given in the Official Returns. The population of the towns have been taken each year as estimated and given by the Registrar-General, on the basis of the Census 1871. Those of the counties, as practically stationary, are taken from the Census of 1871.

* Extra-metropolitan.

TABLE IV.

Deaths from Enteric (Typhoid) Fever per 100,000 of Population in Ten Large Towns and Ten Rural Counties.

TOWNS.

	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	Mean.
Birmingh.	68·5	53·3	53·6	57·6	55·1	53·5	37·7	38·4	52·2
London ...	63·8	53·4	44·6	46·1	45·7	37·2	33·7	35·3	44·9
Liverpool	183·8	178·9	88·1	62·1	84·8	92·4	74·4	70·7	104·3
Sheffield	144·4	91·5	97·6	93·5	72·8	20·2	90·2	59·5	96·2
Newcastle	105·0	76·9	64·2	83·3	85·6	67·6	52·9	32·3	70·9
Leeds ...	133·0	126·9	110·6	77·0	73·5	49·1	60·7	36·8	83·4
Bristol ...	66·5	63·2	44·5	55·8	43·5	47·9	44·6	68·0	54·2
Manchest.	132·7	107·2	70·3	81·3	60·5	58·3	67·9	46·4	78·0
Hull ...	97·7	85·8	136·8	95·2	129·8	80·6	55·5	40·7	90·2
Nottingh.	135·4	121·2	87·2	77·1	64·9	79·1	45·9	33·6	80·5

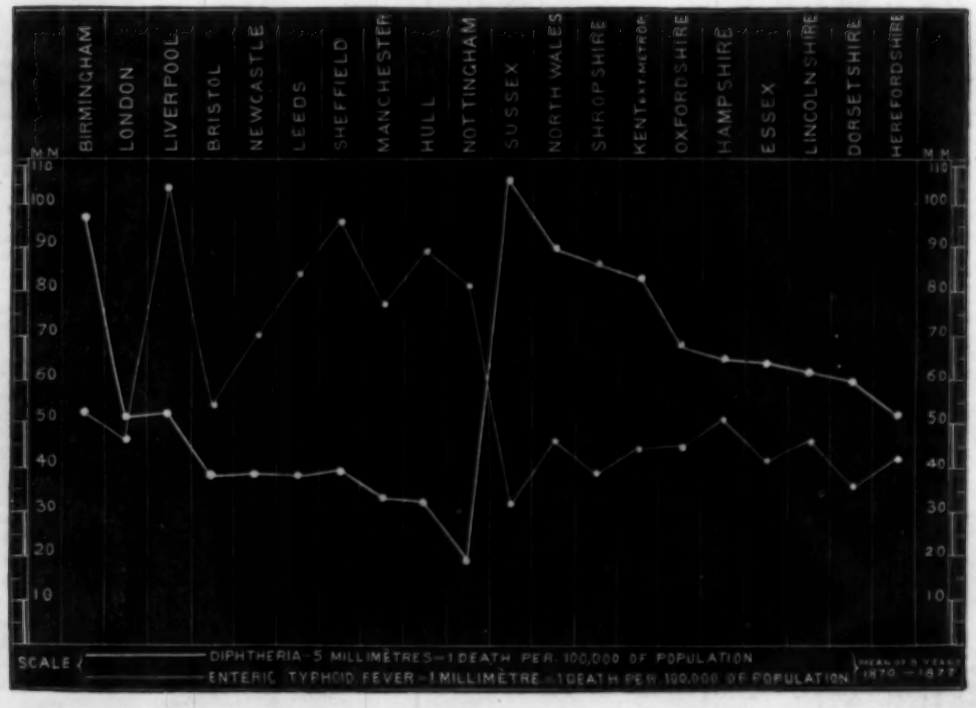
COUNTIES.

	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	Mean.
Sussex	38·4	31·8	32·7	34·4	37·3	33·7	23·7	20·1	31·5
North Wales...	62·5	51·0	45·8	43·8	46·6	42·2	42·0	35·6	46·1
Shropshire ...	58·8	43·4	36·7	31·4	38·5	41·1	32·5	33·7	38·7
Kent*	70·7	49·9	44·9	43·0	38·3	43·3	31·1	29·5	43·8
Oxfordshire ...	74·0	62·8	37·0	55·5	35·3	44·3	25·2	22·4	44·5
Hampshire ...	70·5	59·4	56·8	51·3	49·4	47·5	37·0	37·0	51·1
Essex	50·1	44·9	45·8	41·2	47·4	36·9	30·8	24·2	40·1
Lincolnshire...	61·4	49·9	47·1	46·2	44·3	47·1	33·4	34·8	45·5
Dorsetshire ...	59·7	46·5	38·0	41·7	27·5	28·5	24·3	16·4	35·3
Herefordshire	65·4	46·3	38·1	53·8	38·9	33·9	33·1	18·2	40·9

The deaths are in each case those given in the Official Returns. The population of the towns have been taken each year as estimated and given by the Registrar-General, on the basis of the Census 1871. Those of the counties, as practically stationary, are taken from the Census of 1871.

* Extra-Metropolitan.

COMPARATIVE INCIDENCE OF DIPHTHERIA AND ENTERIC FEVER IN TOWN AND COUNTRY DISTRICTS.



is it specially a disease of children who are probably resident at the place of their birth, but in severe cases the disease prostrates so rapidly that it is not possible to remove them even if the parents were inclined.

The incidence of diphtheria is the most singular point in connexion with the disease. I know of no fact so striking from a preventive-medicine point of view as the comparative rarity of diphtheria in urban as compared with rural districts; or, considered in another way, in unhealthy as compared with healthy districts. The frequency of the occurrence of diphtheria is inverse, not only to the general death-rate, but also directly and invariably to the frequency of typhoid fever. This fact has been forcibly brought to my notice in my own district, where, with a population of rather more than two hundred thousand, of which rather more than one hundred thousand are rural and rather less than one hundred thousand urban, the number of fatal cases of diphtheria in the rural portion is nearly three times that in the urban portion, although the cases in the rural district are restricted almost exclusively to certain well-defined areas. This is by no means a local peculiarity.

In the accompauying tables (III. and IV.) and chart I have taken ten representative large towns and ten counties not containing large towns, and have compared the death-rate from diphtheria and typhoid in each. The difference is striking, but, from the experience of my own district and for the reasons stated above, I have no doubt that if it were possible to express statistically the mortality of ten purely rural areas in place of the ten counties, the difference in the tables would be more striking. This, however, is not possible, owing to the deplorable fact, which I trust will soon be amended, that registration districts do not coincide with sanitary districts, and, except in large towns or purely country districts, too generally express in their statistics the mean of two extremes—an external area with a low death-rate, and a populous nucleus with a high one.

I at one time felt disposed to attribute the explanation of this remarkable chart to the very close and mysterious connexion which I know to exist between diphtheria and typhoid fever, and I had almost persuaded myself that the two diseases were occasionally interchangeable, and that the diphtheritic peculiarities were the result of the modifying influences which, as I have stated before, prevail in houses and districts constantly liable to diphtheria. I have indeed, on more than one occasion, seen an epidemic of diphtheria prevailing around a town where there was an epidemic of typhoid fever, no cases of diphtheria occurring in the town and none of typhoid in the country; and I have some evidence that sporadic outbreaks of diphtheria are more frequent around towns where typhoid fever is endemic.

The connexion of these two diseases is most obscure, but the undoubted fact remains that the prevalence of the one is inversely that of the other, and the explanation of it may to to a certain extent, I think, be found in the fact stated above by me, that in its origin diphtheria is most specially connected with structural dampness of habitation, and in its severity, to a large extent, with bad water—conditions more frequently found in rural than in urban districts. If this opinion is correct, the mortality from throat affections must have been more evenly divided in old days before the subsoil of towns was drained as at the present time. Histories of the old epidemics seem to give some evidence in favour of this view, but, owing to the limited number of cases and the large number of sources of error, it is most difficult to apply the statistical method to this investigation. And although the well-known researches of Dr. Buchanan into the results following the drainage of towns do not bear out this view, I feel sure that that gentleman would be the first to admit that, owing to the alterations in the nomenclature and other causes, his statistics would not apply to diphtheria.

One noticeable feature in this most remarkable chart is, that whilst Birmingham ranks on the fever line with the healthy country districts, and has a mortality from that disease less than any other large town and half that of Liverpool, on the diphtheria line it also ranks with the counties, and has a mortality from diphtheria far exceeding that of any large town, and indeed double that of Liverpool. I am informed by Dr. Hill, the esteemed medical officer of health for Birmingham, that diphtheria is in that town very much confined to the highest and best-drained parts of the town where typhoid fever is least prevalent. He believes it to be connected with sewer gas, but that, to a certain extent, its prevalence in Birmingham is owing to the high and exposed situation.

THE CONNEXION OF THE DISEASE WITH LOCAL CONDITIONS.

On looking through the systematic works on Medicine, both English and foreign, I have been struck with the absence of almost any reference to a connexion between the disease and local influence, either in origin, dissemination, or severity, and the ablest writers of monographs on the subject either do not refer to it at all, or go out of their way to deny that any such connexion exists, and the few writers who refer to this point at all do so in the most general terms.

Whilst I believe that no very close connexion can be traced between the incidence of diphtheria and what are broadly known as geological formations, there is the closest connexion between certain conditions of subsoil and situation of house and the disease. Whatever promotes dampness of habitation, whether it be by capillary attraction from the ground below, or the earth at back of the house, from the construction of the house of porous sandstone in one district, or of shale in another, or of badly burnt brick in another, the result is the same.

I can point to diphtheria fields in low localities on alluvial gravel, shut in by hills, in which the water is held up by the clay beneath and the hills on the side, and to others on elevated localities, where a flat table-land and stiff clay equally prevent the water running off.

I can point to isolated houses which have been attacked by diphtheria at intervals of years, where the dampness has chiefly resulted from the house being shut in and closely surrounded by trees, with in some cases the earth at the back almost level with the eaves. Whatever conditions seem to favour fungoid growth would seem to favour the incidence and persistence of the disease, and the explanation of the comparative freedom of towns from the disease may be the presence of something in their atmosphere inimical to such growth.

M. Trousseau appears to have formed his opinion, that the disease had no connexion with local surroundings, from the fact that he had seen it raging equally in low undrained localities and on breezy heights. I have been called upon on several occasions to investigate outbreaks of diphtheria on elevated open localities, and have invariably found the same condition of dampness of habitation caused by faulty construction of the houses in localities where there was a stagnation of water, either from a flat table-land with an impervious subsoil, or more frequently from the locality being the division of a watershed, which is always a cause of stagnation of water. There may be another reason why exposed situations should be subject to such outbreaks. It has seemed to me that where diphtheria is endemic the disease is capable of being excited by an ordinary attack of inflammatory sore-throat, resulting from exposure to cold.

I have previously stated in what way sanitary defects connected with excremental filth exert an influence on the dissemination and mortality from diphtheria. I believe the connexion exists so far and no farther. For the origin we must look to other causes.

(To be concluded.)

PAPILLARY ULCERATION OF THE VAGINAL PORTION OF THE UTERUS AND ITS TREATMENT.

BY ROBERT BELL, M.D.,

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THIS form of ulceration of the os uteri is generally developed from the simple excoriation of the mucous membrane so often met with, and is evidently due to the papillæ being constantly irritated, till at last they become developed into granular elevations; but as the affection is invariably accompanied by quite a train of symptoms, it will be as well to give a detailed account of what is observed in patients suffering from this disease. To do so in the most satisfactory way, I will take a well-marked case and describe the condition of the patient when she presented herself for treatment.

Mrs. D——, aged thirty-two, has had four children, the youngest of whom is three years of age, but since the birth

of this child she has not enjoyed good health. She did not make a good recovery after the confinement. This, however, is not to be wondered at, when we learn how she conducted herself after that event. She informs me that she sat up in bed on the day of accouchement, and got up the next day "to have her bed made," as she called it. This operation must have occupied two hours, as she sat up in a chair during that time. On the third day after delivery she rose and began to do household work, and from that date resumed her domestic duties. This woman says the lochia continued for six weeks, and was succeeded by leucorrhœa, which has constantly been present since, always excepting, of course, the menstrual periods, which have been quite regular, but at every period the discharge has been more or less profuse; and for a few days before the menses commenced, and for a like period after they ceased, the leucorrhœal discharge has been more copious. On questioning her closely it is ascertained that there is a constant bearing-down feeling, and excessive pain over the sacrum, especially after any exertion. The muscles of the back, especially over the lumbar region, are very weak, which makes her feel as if she "would fall to pieces." There are pains shooting into the loins and down the thighs. The bladder is exceedingly irritable, and so is the rectum, but not to the same degree. The functions of the stomach are also very much impaired, and, as a consequence, there is sickness and most persistent acid dyspepsia with all its concomitant evils. The stomachic disorder is very much aggravated by an over-indulgence in tea, stewed meat, potatoes and broth. There is also great depression of spirits and gloomy forebodings, and a host of hysterical symptoms besides. To make matters worse, she cannot sleep well, and even after some hours' sleep there is no consciousness of any refreshment having resulted from it.

On examination the vaginal mucous membrane is found to be turgid and red, and unduly sensitive to the touch. The vaginal portion of the uterus is hypertrophied, and around the os the finger detects a sponginess of the mucous membrane, and the lips are everted. On introducing the sound, hæmorrhage to a small extent is induced. The uterine canal measures three inches. The speculum reveals a granular ulcer extending both outwardly and inwardly from the external os. This has evidently been due, in the first place, to erosion of the papillæ, which, by continued irritation, has developed into this granular condition. The slightest touch causes it to bleed very freely. The above is a very ordinary form of uterine disease, which has the effect of rendering the poor patient's life quite a burden to her. Fortunately, however, the disorder is very amenable to treatment, and gives, therefore, great satisfaction to the physician as well as to the patient.

The treatment commonly employed in such a case is the uterine douche night and morning, which the patient uses herself, while an application twice a week of a moderately strong solution of nitrate of silver is made by the physician. For some months past I have had recourse to another, and, I think, very much more satisfactory mode of treatment, inasmuch as very speedy relief is given to the pain, and the leucorrhœa soon ceases. The patient, in fact, is relieved in half the time that would be required under the old plan. All the discharge is wiped away by means of cotton-wool, and then Archangel tar is applied to the diseased surface on a pledget of cotton. This is allowed to remain in contact with the ulcerated part for twenty-four hours at least, when the patient withdraws the cotton by means of a piece of string which has been left for the purpose. The application is made twice a week, and in from two weeks to a month the cure is complete. The tar is made fluid by the addition of one part of rectified spirits to eight parts of pure Archangel tar. This application has another great advantage besides its healing properties: it acts as an anodyne; and then a further benefit is derived from the support which the pledget of cotton-wool gives to the enlarged uterus. It sometimes happens, however, that the granulations in this disease take on a luxuriant growth, and may present an appearance which resembles very closely a cock's comb. The French call it *ulcerations fongueuses végétantes*. When the disease has advanced thus far it is, as will be readily perceived, a most frequent cause of metrorrhagia, and, moreover, is not unapt to take on a cancerous degeneration. As bleeding is so readily induced in such cases, it is well not to irritate the surface of the ulcer by the application of any hard substance, such as the stick of nitrate of silver or nitrate of lead. My general plan is to apply on a piece of cotton-wool the fuming nitric acid, and to do so very lightly. It has been recommended to use the glacial acetic acid every second or third day; but as the weekly application of nitric acid more rapidly effects a cure, it has the advantage of being less troublesome to the patient. In some cases it will be necessary to excise the excrescence with a pair of scissors, and then cauterise with the hot iron. Besides the local treatment, it is necessary to regulate the bowels and attend to the digestive organs. Then it is imperative in every stage of this disease that the patient should recline during the greater part of the day, so that the hyperæmia of the uterus may be alleviated and thus conduce to a reduction in the bulk and weight of the organ.

Glasgow.

REMARKS ON ACNE.

BY JAMES CUMMING, M.D., F.R.C.P. EDIN.;
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ACNE was known to the Greeks under the synonym *λωβοι* (literally the root of a hair), an eruption of the face which usually accompanies the first growth of the beard. Aretæus,[1] a contemporary of Galen (who is supposed to have flourished about the middle of the second century of the Christian era), in alluding to the application of the juice of thapsia as a remedy for cephalæa, says: "Θαψίης ὁ ὀπὸς, καὶ τὰ ξὺν τῇδε φάρμακα, ἐκδέα ἐσυδαίτει τὸ θέρμα καὶ λωβοισι ἕκελα ἐκφύει βλαστήματα." To the Romans it was known as "vārus" (a pimple or eruption on the face). Celsus has a short chapter on Vari, Lenticulæ, and Ephelides, in which he summarily disposes of this skin affection as follows: "Pæne ineptiæ sunt curare *varos*, et lenticulas, et ephelidas."[2]

Anatomy.—The seat of acne is the hair-follicle and the sebaceous glands which open into it. The accumulation of sebaceous matter prevents excretion from the glands, acts as an irritant, giving rise to inflammation of the follicle, with congestion of the skin, and leads to a disturbance of nutrition in the surrounding cutaneous tissue. It is often accompanied by the formation of comedones, constituting that form termed "acne punctata." Occasionally there is merely seborrhœa without inflammation. Acne is usually present where the follicles are largest and most numerous, as on the face, shoulders, and back; and is absent on the palms of the hand and soles of the feet. It generally appears about the time of puberty (from eighteen to twenty-four years of age); it is perhaps of more common occurrence in females, and is ascribed by many to be connected with deranged menstrual functions. Under the general term, genus Acne may be subdivided into several species: Acne simplex or vulgaris, commonly accompanied by seborrhœa; A. punctata; A. pustulosa; A. hordeolaris; A. disseminata; and A. indurata, due to congestion of the follicles, with thickening by inflammatory products. Hebra describes a form having for its seat the forehead.—A. frontalis. Another large class common to persons of a strumous diathesis, &c., is known as A. cachecticorum; and, lastly, a class in which this affection is produced by the use of various internal remedies, such as iodide and bromide of potassium, and by the external application of tar. Certain articles of diet have been mentioned as exciting causes—viz., salt fish, oatmeal, pepper, ginger, &c.,—but apparently without foundation. It is more probable that a passing form of urticaria may be created by the consumption of such articles. Acne rosacea is a separate and distinct form, and is not necessarily confined to the sebaceous glands, as other tissues are usually involved. It generally appears at a later period of life than the species first alluded to, and in females may, in the majority of cases, be traced to certain menstrual derangements.

Treatment.—Regarding the treatment, we find that many drugs have been employed. Paulus Ægineta recommended the application of an ointment containing wax, turpentine, and viscum album. Celsus[3] employed a mixture of resin, alum, and honey: "Sed vari commodissime tolluntur im-

[1] Αρεταιου Καππαδοκου τα σωζομενα.
[2] A. Corn. Celsi Medicinæ, liber octavus, cap. 7.

posita resina, cui non minus, quam ipsa est, aluminis sciscilis, et paulum mellis adjectum est." Pliny[3] used dried goat's milk with cheese, steeped in honey and vinegar, and for the pustular form ashes of deer's antlers. For papules on the face in females he ordered burnt shells of murex (a genus of molluscs) mixed with honey. Professor Hebra[4] employs a soft potash soap and an alcoholic solution of soap (spiritus saponatus alkalinus), also soaps containing sulphur and pumice-stone, rubbed in well with flannel, and a lotion of perchloride of mercury. Neumann[5] advocated the application of a mercurial plaster, to scarify the pustules, emptying the nodules of pus and serum, and to rub in night and morning, milk of sulphur, glycerine, carbonate of potash, and alcohol, of each two drachms. In the indurative form some advise the apices of the pustules to be touched with the acid nitrate of mercury. Constitutional must, I need scarcely add, be combined with local treatment. In the cachectic and strumous form, cod-liver oil and nourishing diet will prove important adjuvants. Those varieties produced by the internal administration of bromide of potassium &c., speedily improve under a course of arsenic.

The following case of acne indurata, on account of its chronic and obstinate nature, may, perhaps, prove of some interest.

J. G——, aged forty-one, a gardener's wife, residing near Edinburgh, was recommended to me on the 15th of June, 1873, on account of a skin eruption of the face. She states that this eruption commenced fourteen years ago, one year after her marriage, when she was in good health and spirits. She attributed it to sea-bathing, to which she was very partial, but discontinued it on account of the severe smarting resulting from immersion in salt water. Has never had any children, has menstruated regularly without pain, and has never had occasion to consult a doctor on account of either diminution or excess in the amount of the discharge. Her general health has always been good. She further informed me that the disfigurement caused her great mental depression, and that she seldom left the lodge except when her duties required attention, as she was not, to use her own expression, "fit to be seen." She also complained of an uncomfortable feeling of tenseness in the face. She had spent all the limited means at her disposal in medical advice and physic, of which latter she must have consumed no inconsiderable quantity and variety, if one might judge from the array of prescriptions displayed (arsenic and iodide of potassium predominating). Large elevated papules, resembling tubercles, were scattered over the face, involving both cheeks, hard to the touch, particularly in the infraorbital regions. The eruption also extended for about two and a half inches in the right submaxillary region. A person of a much less sensitive disposition might well have felt down-hearted with features presenting such an indurated and scarred aspect.

At first sight I felt that I should be justified in employing what some might consider the rather heroic treatment of scarifying the papules previous to applying some lotion or ointment, which I had frequently seen put in practice with good results in Vienna when attending the clinique of Professor Hebra in 1873. But the mere mention of scratching the skin (as I mildly expressed it) so alarmed my patient that I resolved to commence with gentler measures. Accordingly I ordered to be *well* rubbed in with the finger or a piece of flannel each night, an ointment consisting of milk of sulphur, glycerine, carbonate of potass, and benzoat ointment, of each two drachms. She was to begin by applying this ointment to a small area on the right cheek, about the size of a sixpence, and to take twenty drops of tincture of perchloride of iron thrice daily.

I saw her again a few days later, when she bitterly complained of the pain caused by the ointment, and her husband added that it was quite pitiful to see. For a short time the application was rather grateful than otherwise; but as soon as she approached the fire the smarting commenced, lasting for several hours. On close inspection it seemed to me that the part was less inflamed, and certainly felt less indurated to the touch, so I ventured (not without some misgivings) to encourage her to persevere, with the hope that in the course of time a large extent of surface might clear up. I did not see her again for three weeks, when I was agreeably surprised to find a considerable portion of the right cheek presenting a normal appearance, circulating outwards from the area first improved. She still complained of pain caused by the ointment; but, noticing that it was really proving effectual, determined to go on with it.

It is needless to detail the progress of the case *seriatim*. Sufficient to say that her patience and perseverance were fully rewarded, as at the end of August following, or two and a half months from the time when she first came under observation, the cure was complete; and it was, I am glad to be able to add, lasting, as, on calling on her on the 3rd of March, 1877 (nearly four years later), I found that the eruption had not only not returned, but that the skin presented a smooth white aspect, with an absence of that cicatricial appearance which one might have expected in the case of a skin disease of such a chronic nature as the one just described.

Edinburgh.

[3] Plinius. Historiæ Naturalis, lib. xxviii.
[4] Lehrbuch der Hautkrankheiten.
[5] Zeitschrift der K. K. Gesellschaft der Aerzte (Wien., 1864).

CASE OF DISSEMINATED CEREBRO-SPINAL SCLEROSIS IN A CHILD.

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ASSISTANT-PHYSICIAN TO THE LIVERPOOL INFIRMARY FOR CHILDREN.

WILLIAM R——, aged seven years and a half, was admitted into the Children's Infirmary under my care on Jan. 8th, 1878. His mother stated that he was quite well until about two years old, and could walk and talk as well as most children of that age. He had no fits during teething. Both his parents were healthy people, and no hereditary tendency to nervous diseases could be traced. When nearly two years old the child had scarlet fever, in the course of which severe convulsions occurred. During convalescence from the fever the peculiar tremblings were first perceived, and they gradually became more marked. When about five years of age he had several convulsions, but none afterwards.

State on admission.—The boy is well nourished, though very small for his age, being only three feet in height, and weighing thirty-seven pounds. His aspect is healthy, but he has rather a vacant expression. He is clean in his habits. His disposition is amiable. He is easily amused. He understands what is said to him, and remembers people, but has never learnt to read. He can hardly say any words intelligibly, but when spoken to he replies, evidently trying to say the proper words, though producing nothing but inarticulate sounds. Thus, when asked his name, he says something like "Bah-yah" (William), the syllables being jerked out separately with some effort. He has some idea of tune, and sings, in a very *staccato* style, "Safe in the arms of Jesus," the tune being perfectly recognisable, but the words being something like this: "Gah in the ah oi Dee-us." When lying down he is free from movements, but when raised up his head sways gently from side to side. His sight and hearing appear to be good, and there is no nystagmus. When he puts out his tongue, the centre of it is alternately raised and depressed in a tolerably regular rhythm as long as the organ remains protruded. When trying to do anything with his hands, their use is impeded by the rhythmical movements characteristic of the disease. Thus, when a small object is presented to him, his hand reaches it, not at once, but in a series of jerks, all of which, however, are in the direction of the object, and are quite different from the irregular deviating movements of chorea. When a cup of milk is offered to him, his hands close upon it in the manner just described; then he raises it towards his mouth, and at the same time lowers his head. As the muscles that flex the head are also affected with the rhythmical movements, the cup clatters against the teeth until he can take a good grip with the latter on the edge of the cup; then he drinks with convulsive and noisy gulps. When not in use, the muscles of the upper limbs are quite soft, and tactile sensibility seems to be perfect. As regards the lower limbs, when the patient is lying on his back and is told to raise his leg, it oscillates just as the arm does when trying to reach anything. His walking is very unsteady. He comes down on his heels in a way suggestive of locomotor ataxy, occasionally with a violent jerk. With each forward movement of the leg the toes are spasmodically drawn upwards. When his eyes are bandaged he walks very slowly and cautiously, but not more unsteadily

than when they are uncovered. The muscles of the legs and thighs are abnormally firm, even when quite at rest—probably from commencing rigidity. Tactile sensibility also seems to be slightly impaired in the lower limbs. There is no tremor on forcibly flexing the foot or great toe. Electrical sensibility appears to be normal in all the limbs.

The child remained in the hospital two months, and his condition during that time did not appreciably change. Mr. Edgar A. Browne kindly examined his eyes for me, and found the optic discs to be unusually well supplied with blood.

Remarks.—The above case presents almost all the characteristic features of the disease of which I consider it to be an example. Nystagmus is perhaps the only symptom required to make it a typical case, and this will probably show itself before long as the disease spreads higher. The distribution of the lesions is already tolerably extensive, involving the roots of the spinal accessory and hypoglossal nerves, as well as those of the spinal motor nerves. It is also probable that the posterior columns of the cord are considerably affected, as there is distinct ataxy of the lower limbs in addition to their rhythmical movements.

One interesting feature in this case is that the development of the disease appears to have been accompanied by general retardation of growth. The boy looks about the size of an ordinary child of three or four, whereas he is twice that age. His mental faculties also appear to be somewhat deficient, though it is difficult to estimate the exact amount of this deficiency on account of his inability to speak intelligibly. The symptoms of sclerosis began to show themselves when the child was two years old. I have only met with one case on record in which the symptoms commenced at an earlier age than than this—viz., a case reported by Dr. Dreschfeld, of Manchester, in which the characteristic phenomena were observed when the patient was a little more than fourteen months old.[1]

Both in Dr. Dreschfeld's case and in mine the symptoms were first noticed shortly after an attack of convulsions. Whether there was any important connexion between the two events it would be difficult to say. The frequency of the occurrence of fits in young children would incline one to look upon the coincidence as accidental, especially as there was in my little patient no return of convulsions for several years. On the other hand, the occurrence of scarlatina was probably a more important antecedent; and the influence of the fever poison upon the nervous system (in which there was perhaps already a latent tendency to disease) may have been so profound as not only to cause the convulsions, but also to initiate those peculiar sub-inflammatory changes which result in disseminated sclerosis.

Liverpool.

ARREST OF MILK ABSCESS.

By W. P. SWAIN, F.R.C.S.,
SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT.

THE following case, although by no means without precedent, is so marked as to deserve record.

Mrs. W——, a primipara, was confined on July 13th. The labour was natural, but the child very large. The forceps were used in the last stage. She progressed favourably up to July 26th, but at one o'clock in the morning of that day she had a shiver, followed by burning heat, with fulness, pain, and great tenderness on pressure in the right breast. This breast had been somewhat troublesome to nurse with throughout. I saw the patient at 1 P.M. She was then flushed and anxious, with a pulse of 120 and a temperature of 103·6°. The breast was very full, tense, and painful, especially towards the axilla, where a spot much harder than the surrounding tissues could be felt. The following treatment was prescribed:—An immediate dose of ten grains of quinine; two-drop doses of tincture of aconite in a drachm of water every ten minutes for four hours, and then every hour; and the extract of belladonna softened with a little glycerine to be smeared over the breast. The breast pump was also ordered to be used. I saw her again at 10 P.M. The treatment had been faithfully carried out, except that the dose of quinine had not been administered until 7 P.M., owing to the chemist being reluctant to dispense so large a dose of quinine without special authority from me. I found the breast much less tender, the pulse 88, and the temperature 101°. Five grains of quinine were ordered to be taken every four hours, and the aconite to be continued every hour. The next day (July 27th) I found the patient more comfortable. The child had taken the breast, which was now hardly at all tender, the hard spot having vanished. The pulse was 80, and the temperature 99·6°. From that time she progressed favourably, without further bad symptoms.

Devonport.

[1] Medical Times and Gazette, Feb. 9th, 1878.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum propriâs collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

IRREDUCIBLE OMENTAL HERNIA; OPERATION, COMBINED WITH THE RADICAL CURE OF HERNIA.

(Under the care of Mr. WOOD.)

FOR the notes of this interesting case we are indebted to Mr. E. H. Howlett, surgical registrar.

T. B——, aged twenty-six, single, a porter, was admitted into the Albert ward on July 3rd, 1878, with strangulated right scrotal hernia. He had had a bubonocele for seven years on the right side, but the bowel had only gone down into the scrotum during the last six months. For this he wore a truss. For two months a portion of the rupture, the size of a large walnut, had been irreducible, and the bowel had descended whilst the truss was in position. On July 1st, whilst lifting a heavy weight, he felt the bowel slip down behind the truss. No attempt was made to return it till the evening, and then it failed. About 7 P.M. he experienced "pain in the bowels" of a dragging character, accompanied with nausea, vomiting, and constipation. A little flatus passed. The bowels acted naturally next morning, but the other symptoms were increasing. On July 3rd the bowels did not act. The abdomen was distended, and there were severe dragging pains. Vomiting was frequent, but not feculent. The scrotal tumour was still irreducible and tender. About 9 A.M. a medical man was called in, and succeeded by taxis in partially reducing the rupture. The symptoms then subsided, and the bowels acted naturally. In the afternoon the gut again descended, with return of pain, but without vomiting.

He was then admitted into the hospital. Taxis was tried ineffectually. The scrotum was elevated and supported, and an ice-bag was applied. Twenty-five drops of tincture of opium were given.

The next morning (July 4th) the patient was described as well nourished and quiet. The temperature was normal; skin cool; pulse 88. There was a tumour in the scrotum the size of a closed fist, extending up into the right inguinal canal, the skin over it being of natural colour. The percussion note over the tumour was dull, and the tumour was doughy to the touch. There was very slight impulse on coughing. On pressing the tumour a gurgling sensation was felt by the hand. The tongue was inclined to be dry. There was no vomiting, but the patient had nausea, headache, loss of appetite, and constipation was complete. The abdomen was not distended. Taxis was again tried, and a small portion of bowel returned, but the size of the tumour was not much diminished. An enema was given; the other treatment was continued. The patient remained in much the same condition (no vomiting) till July 7th, when the bowels acted naturally. All symptoms ceased, and, with the exception of the irreducible hernia, he was quite well.

There being a manifest liability to strangulation of the bowel, and the patient being a young man in fairly good health, Mr. Wood advised him to submit to an operation for the radical cure of the disease.

On July 13th, the parts having been shaved and washed with carbolic lotion (1 in 20), ether was administered, and

the following operation done under antiseptic precautions. An incision was made over the tumour as in operating for strangulated hernia, and the sac was exposed. The sac was opened, and a considerable quantity of dark-clotted blood (evidently the result of endeavours at reduction) let out. The omentum was then found to be adherent to the sac everywhere, except posteriorly. Behind there was an opening admitting two fingers, through which the bowel had come down; but at the time of operation no bowel was present. The omentum was turned up, and torn open to see if it concealed a knuckle of intestine, and then drawn down, and encircled with a single stout catgut ligature, and cut off close to the internal ring. Silver wires were next passed through the conjoined tendon and Poupart's ligament, as in the ordinary operation for radical cure, but *through* the omentum and sac, instead of behind, due care being, of course, taken to avoid the spermatic cord. The wires were then brought out, and twisted together, and the superabundant sac, which was very much thickened, was cut away. A large drainage-tube, with lateral openings, was placed in the bottom of the wound, which was stitched up closely; and, lastly, the antiseptic dressings were applied.

The evening temperature was 99·4° F.; pulse 90. Twenty drops of tincture of opium were given. There was retention of urine.

Next day the temperature in the morning was 100·6° F.; in the evening, 100°; pulse 100. There was no pain. The wound was dressed; there was slight sanious discharge, but no fetor; the penis was œdematous from constriction of the dressings. There was retention.

On July 15th the temperature and pulse were falling. The wound was dressed; the discharge was slight and free from odour; he could pass water naturally. There was no orchitis or abdominal tenderness; no pain. The line of incision was healed, and the drainage-tube was shortened. The œdema of the penis was disappearing. The next morning the bowels acted after an enema. The temperature was normal, and remained so, with one slight exception, till the date of discharge. The superficial stitches were removed at the dressing. There was no fetor.

The wound after this was dressed at gradually increasing intervals. The general health was good, and the bowels regular.

On July 25th the wires and drainage-tube were removed. The dressings were applied for the last time, and on being removed four days later the wound was found to be healed in every part.

On August 1st the man was discharged. He was still weak. There was considerable thickening of tissues in the track of the wires. On coughing, impulse ceased at internal ring. He was advised to wear a truss.

SAMARITAN HOSPITAL.

DISEASE OF THE MESENTERIC GLANDS FOLLOWING WHOOPING-COUGH IN A HEALTHY CHILD; DEATH; POST-MORTEM EXAMINATION.

(Under the care of Dr. DAY.)

H. H——, aged four years, was admitted on March 21st, 1878. The family history was good. He was a remarkably strong, healthy child till October, 1877, when he had an attack of whooping-cough, which continued for three months, followed by looseness of the bowels, the motions being thin, light, and yellow, without blood or mucus. He had gradually lost flesh and strength, and was unable to walk. On examination, the belly was large and protuberant, especially to the left and below the umbilicus; it was tender on pressure, and when handled, the child would draw up his legs and begin to cry. The chief swelling was a firm irregular mass around and to the left of the umbilicus, which was attributed to a cluster of enlarged mesenteric glands. The edge of the liver could be felt within an inch of the umbilicus; the edge of the spleen extended an inch below the false ribs; there was dulness in both lumbar regions, and from the umbilicus to the pubis; the percussion note was clear between the umbilicus and epigastrium. The upper part of the thorax was narrow, but respiration was normal; posteriorly there was deficient expansion and dulness over the lower lobes, owing to the increased size of the abdomen. The girth of the umbilicus was twenty-one inches; the intercostals were depressed; the bowels acted five or six times a day; the urine was scanty and high-coloured.

The diet consisted of milk, eggs, beef-tea, and wine. He was ordered ten drops of solution of perchloride of iron, with twenty drops of compound tincture of chinchona and of glycerine, in two drachms of dill water, three times a day. The abdomen was painted with a liniment containing two drachms of tincture of iodine to six drachms of water night and morning, and a flannel bandage applied afterwards.

On April 24th the bowels acted three times in the twenty-four hours, and the motions were not quite so loose; the belly was less tender. The morning temperature since admission had averaged 99°, and the evening from 100° to 101·6°; pulse 120. The circumference of the abdomen at the umbilicus had now reached twenty-two and a half inches. The patient had a good appetite and enjoyed his food. Ordered half a drachm of syrup of the iodide of iron, and one drachm of cod-liver oil twice a day.

There was some improvement since last report up to the middle of May. He then became much worse. The pulse was feeble.

Up to May 25th the highest morning temperature had been 99·4°, and the highest evening 102°. Bowels still loose.

In the early days of June he was removed from the hospital to his own home. He got gradually weaker and very sick, so that he could retain nothing on his stomach, and brought up coffee-ground vomit. About midday on June 9th he became convulsed, and died unconscious in the evening.

Necropsy.—The body was extremely emaciated, and the face prematurely old and shrunken. On laying open the abdominal wall upwards of a pint of fluid like dirty water escaped. The omentum and intestines were glued together from adhesion of the surfaces through inflammatory action of a slow and tedious character. All this mass, as large as a man's fist, could not be separated from the inner sides of the abdominal wall. The intestines were everywhere contracted, and among the mass were to be felt mesenteric glands as large as filberts. The spleen was enlarged, and presented a somewhat granular aspect, but there was no tubercle. The liver was considerably enlarged and fatty. The heart and lungs were normal.

Remarks by Dr. DAY.—Whooping cough, like the exanthemata, when attacking the most healthy children in whom there is no hereditary history of tubercular disease, may so greatly lower the constitutional powers as to call into activity any latent tendency to strumous disease, most frequently in the cervical glands, not seldom in the contents of the cranium, but more rarely in the abdominal lymphatics. Mesenteric disease, with its concomitant peritonitis, is more commonly the result of prolonged cachexia and exposure to unfavourable hygienic conditions than the sequel of acute disorders. It must be remembered that in this case there was no evidence of tubercle in the viscera, the lungs were quite unaffected, and the liver was simply fatty.

LIVERPOOL ROYAL INFIRMARY.

GUNSHOT WOUND OF LEG; FOREIGN BODY REMOVED EIGHT MONTHS AFTERWARDS; RECOVERY.

(Under the care of Mr. REGINALD HARRISON.)

L. C——, aged thirteen, was admitted into the infirmary on July 8th, 1878, with the following history. On the 5th of November last a small cannon was discharged close to her leg, the slug with which it was supposed to be loaded passing completely through the limb, just below the knee. From time to time small pieces of bone were discharged, but as the wound showed no disposition to heal she was brought to the Liverpool Infirmary. On examination there were two wounds, which were suppurating freely, one just below the tubercle of the tibia, and the other close to the fibula. On passing a probe the two openings were found to communicate by means of a sinus through the tibia, in which pieces of necrosed bone could be felt.

Mr. Harrison enlarged the anterior opening, and, after removing some pieces of dead bone, withdrew a plug of paper which had evidently formed the wadding for the charge. Adherent to the plug was a considerable piece of necrosed bone. After the cavity had been well washed out the wound was dressed with carbolic oil.

Mr. Harrison remarked on the importance of thoroughly examining all gunshot wounds, even when there were grounds for believing that the charge had passed through. Here the wadding had remained behind, and for eight months acted as a constant source of irritation, and probably much more so than a metallic bullet or slug. Further than this there was another point of interest which the case presented. On examining the paper which had been removed with a magnifying glass, Mr. Harrison was able to make out that a portion of it was probably from a newspaper, or other similar printed matter. Had the case been one where the injury had been inflicted feloniously, it was quite possible that this link might have completed the chain of circumstantial evidence necessary to bring the offender to justice. Mr. Harrison believed that there were instances recorded where evidence such as this had mainly contributed to the conviction of a murderer. Hence, in the examination of gunshot wounds, it was most necessary to make a very careful search for all the constituent parts of a charge, and, further than this, even in cases where there was no *prima facie* evidence of felonious intent, to scrupulously examine everything that is removed from the wound. In the case just recorded it might have turned out that for eight months the patient had been going about with the most conclusive evidence within her wound as to who had been her assailant.

PETERBOROUGH INFIRMARY.

OBSTRUCTION OF THE BOWELS.

(Under the care of Dr. PALEY.)

FOR the notes of the following case we are indebted to Mr. C. Illingworth, M.B. :—

William P——, a confectioner, aged twenty-three, was admitted to the medical wards on the 10th May, 1878, with fæcal vomiting and extreme pain the abdomen. The patient stated that he had had two attacks of a similar nature before, one at five, and the other at seventeen years of age. The present attack began on the 1st of May, with sharp pain round the navel and vomiting, at first of a greenish, and a few days afterwards of a fæcal matter. The bowels were moved the day before the attack, but not since, although flatus had been freely passed per anum up to the day of admission. On examination, there was no distinct tumour to be seen or felt in the abdomen, and no tympanitic distension.

Dr. Paley prescribed half-grain doses of opium in pill every three hours, and a distending enema of warm water daily. About three pints of water were slowly injected, pauses being made at intervals, and the patient turned into the knee-elbow and other positions, to favour the passage of the water along the course of the intestine. He was then put upon the night-stool, and passed nothing but the injected water. On the 12th the opium was given every second hour, but the patient's condition remained much the same.

On the 13th the enema brought away a thinnish motion, and in the evening the patient passed a semi fluid stool with several lumps in it, the size of marbles, containing portions of raisins and currants. The vomiting then ceased, and the pain in the abdomen gradually disappeared. The opium was now discontinued. The patient, on being interrogated, stated that he partook heartily of plum pudding the day before his illness, but had had nothing containing raisins or currants since.

On the 14th three very large motions of a semi-fluid nature were passed, and the patient expressed himself as very much better.

On the 17th, improvement continuing, he was allowed to be up, and on the 24th was discharged cured.

Dr. Paley considered that the condition was one of a spasmodic nature, producing colicky pains, and that the spasm was counteracted and the pain relieved by the persistent use of opium.

DONATIONS ETC. TO MEDICAL CHARITIES.—The Prince and Princess of Wales have given one hundred guineas to the Maintenance Fund of the London Hospital. "A Friend" has given a second £500 to the Charing-cross Hospital. Mr. George Durrant has given £100 each to the Dispensary and the Jenny Lind Infirmary for Sick Children at Norwich. The Goldsmith's Company have given £50 to the Lock Hospital and Asylum, Westbourne-green.

ENTERIC FEVER AT ASCOT.

FOR four years and a half a limited locality at Ascot, occupied chiefly by persons of good means, has suffered from the continued prevalence of enteric fever. The persistence of the disease and certain peculiarities in its occurrence and distribution, led to a memorial being addressed from inhabitants of the locality to the Local Government Board on the subject, and to Dr. Ballard being instructed by that Board to investigate the matter. Dr. Ballard's report of the results of his investigation has now been issued, and it will have peculiar interest for the etiologist. The long-continued circumscribed prevalence of fever which formed the subject of inquiry presented several anomalous features of unusual interest, very difficult of elucidation, calling for much expenditure of time and patience in their investigation, and subjecting even Dr. Ballard's exceptional powers of etiological research to a severe strain. The result, however, as shown in this report, forms a very important contribution to the literature of enteric fever. The report, indeed, is peculiarly elaborate, even when compared with the many elaborate reports of local outbreaks of disease which have come from the Medical Department of the Local Government Board, and as an example of *method* in etiological research it is, quite apart from the value of its conclusions, of the highest interest.

We cannot pretend to do more here than give a summary of the general results, and we must refer to the report itself for a proper appreciation of the conditions under which those results were obtained, and the qualifications with which they should be received.

The prevalence of enteric fever, which formed the subject of investigation, began in July, 1873, and came to an end, as it would seem, in November, 1877. Altogether sixty-nine cases of fever occurred within this period, distributed in forty separate families. The cases did not show themselves in any regular sequence during this period. There were, indeed, as it were, two prevalences, one beginning in July, 1873, and ending in September, 1875; then, after ten months' freedom, a second prevalence, beginning in July, 1876, and ending in November, 1877. Moreover, in each of these prevalences there were occasional gaps of two or three months without cases. This irregular recurrence of the cases constituted a principal peculiarity and the greatest difficulty of the inquiry. In twenty-one of the forty families which suffered, more than one case (i. e., two to four cases) occurred, these happening, with four exceptions, concurrently, or in near sequence. The number of separate houses invaded was thirty-six, and of these seven were invaded more than once at intervals of four to nineteen months. In seven of the cases it is probable that the infection of enteric fever was not contracted at Ascot, but in London. *Thirty-three* of the cases occurred among families classed as "noblemen and gentry," *fourteen* among families classed as "middle-class and tradesmen," and *twenty-two* among families classed as "labouring class and poor."

The three first cases of the series of sixty-nine probably contracted the disease in London at the time of the great outbreak of enteric fever which occurred in the western districts of the metropolis in 1873, and which the investigations of Mr. Netten Radcliffe and Mr. W. H. Power showed to be in all probability due to the dissemination of the infection in the milk of a particular dairy. One of the three cases was on the list of patients whose cases came within the inquiry referred to as probably originating from the suspected milk; the other two cases had been within the area of the London outbreak, during the prevalence of the disease there, for a shorter or longer period preceding their attack, and at a time consistent with the period of incubation of the malady. Before the occurrence of these three cases at Ascot, and the cases which followed, there had been no like occurrence of enteric fever at Ascot for forty years. It would seem, indeed, almost as if the recent prevalence of the disease there was in its beginning and first extension an offshoot of what is familiarly known as the Marylebone milk-spread outbreak of enteric fever of 1873.

Proceeding by method of exclusion of known conditions operative in the propagation of enteric fever, and assuming that the concurrences of cases were too numerous to be coincidences and were indicative of some community of

cause, Dr. Ballard investigates and shows in succession that there was no common water-supply of the families infected, in the sense of common well or public system, and no common system of drainage. He next examines the question whether there had been a progressive infection of independent privies and, by soakage from them, of independent wells; but, although he finds some reason to believe that such a form of dissemination of infection may have played a part in the prevalence, it would not explain the main features. Finally, he proceeds to an examination of the question whether the disease might have been spread over the infected locality by some particular article of food, and on this line of investigation he ascertained that, among a population supplied with milk from three dairies, not less than 58 of the cases occurred among the families having milk from one of these dairies only. Not less than 31 per cent. of the families habitually using milk from this particular dairy suffered from enteric fever. Of the two other milk supplies, no cases occurred among the families using one supply, and but 6·5 per cent. of the families suffered using the other. A close consideration of the cases occurring among the families using milk from the source first and more particularly referred to gave good reason for the belief that the relationship of the cases to the milk was not a mere coincidence, but that they were associated with the milk in some way as a direct result of its use. This conclusion being arrived at, the question next presented itself for solution as to the manner in which the milk could have become infected, and how its infection could have been so abiding as the succession of cases seemed to show. Previous outbreaks of enteric fever, which have been traced to infected milk, have run comparatively short courses, the development and decline occupying but three or four months. As to the infection of the milk, it is shown that abundant opportunities existed in the suspected dairy-farm for the milk to become fouled with excremental matters, and although specific infection could not be precisely shown, the possibility of such infection could not be excluded. The chief and abiding source of fouling of the milk was from the water-supply of the dairy-farm, the well in use there being subject to open pollution by soakage from an adjoining privy, and to pollution by sundry other sorts of filth, including the effluvium from a cesspool. Assuming that the use of this water in the dairy may have been the source of the infection of the milk, Dr. Ballard, from an examination of the geological nature of the ground from which the water is obtained, suggests a mode in which the water may have been intermittently polluted from the cesspools of the neighbouring houses, which received the dejections of enteric fever patients. It is impossible to present a summary of this argument, but it deserves close study in the original report. We are not prepared to say that the whole of Dr. Ballard's conclusions and arguments will be received unquestioned; but there will be no question as to the value of the report as showing that we are far from having exhausted all the mysteries of the mode of dissemination of enteric fever, and as indicating the mode of research by which we can alone penetrate further into them.

The immediate practical lesson of the report is that unless communities will take common action through their local authorities to obviate the conditions on which diseases like enteric fever depend, protection from them becomes practically hopeless.

"HOW TO RESTORE THE APPARENTLY DROWNED."

UNDER this heading, and illustrated by the engravings which have already appeared in the pages of THE LANCET, May 25th, Dr. Howard has issued the following instructions for carrying out what he terms the "Direct Method":—

1st. INSTANTLY (as shown in Fig. 1) turn the patient downwards, with a large firm roll of clothing under the stomach and chest.

Press with your weight two or three times, for four or five seconds each time, upon the patient's back, so that the water is pressed out of the lungs and stomach, and drains freely downward out of the mouth. Then

2nd. QUICKLY turn the patient (as shown in Fig. 2), face upwards, the roll of clothing put under his back just below the shoulder-blades, the head hanging back as low as possible.

Place the patient's hands together above his head.

Kneel with patient's hips between your knees.

Fix your elbows against your hips.

Now, grasping the lower part of the patient's chest, squeeze the two sides together, pressing gradually forward with all your weight, for about three seconds, until your mouth is nearly over the mouth of the patient; then, with a push, *suddenly* jerk yourself back—

Rest about three seconds; then, begin again.

Repeat these bellows-blowing movements, so that air may be drawn into the lungs, about eight or ten times a minute.

Remember, the above directions must be used *on the spot*, the instant the patient is taken from the water. A moment's delay—and success may be hopeless. As soon as the water is pressed from the lungs, all clothing should be ripped away from the chest and throat. In making the pressure, either for the removal of water or for breathing, increase it *gradually* and thoroughly, and *suddenly* let go with a jerk. With women and children use less force.

Do not stop these movements under an hour, unless patient breathes. Be careful not to interrupt the first short natural breaths. If they be long apart, carefully continue between them the bellows-blowing movements as before.

After breathing is regular, keep patient warm with blankets, rubbing with warm hands, &c.

Prevent crowding around patient; plenty of fresh air is all-important.

Spirits and water only, in occasional small doses, may now be given; if hot the better. After this, encourage quiet and sleep.

CASE OF LIGHTNING-STROKE.

To the Editor of THE LANCET.

SIR,—On the afternoon of July 14th, after a very severe storm of thunder and lightning, I was called to see J. A——, who was said to have been struck by the electric fluid. When I saw him he had been removed home in a cart, and his history and condition were as follows:—He had been attending some sheep in the fields, and when the storm was at its height had taken refuge from it under an elm tree. Very soon after he felt something strike him behind the left shoulder, seemed to lose the use of his legs, and fell to the ground. On my arrival at his home, I found him quite sensible, but rather excited in manner; and complaining principally of numbness in his legs, and a sense of soreness over his shoulders and back generally. He was able to stand, though he had taken himself to bed. On stripping him, I found a very curious condition of affairs on his back. From the spine of the left scapula (where he felt the blow that knocked him down) extending downwards and outwards, and crossing the vertebræ about the middle of the dorsal region, extending over the right buttock, was a central stem, from which proceeded various branches, as of a tree. These consisted of a raised, œdematous condition of the skin of a bright scarlet colour, not quite disappearing on firm pressure; the central stem being about the breadth of three-quarters of an inch, and the various branches gradually thinning off to something like the scratch of a pin at their terminals. The general appearance was that of a fern, with the exception that, instead of being one frond, as in the male fern, there were about from six to eight given off from the central twig. Besides this, there was a distinct impression, over each iliac region, of as it were a single frond, each complete in itself. The whole was most beautiful and regular, just as if one had made the impression of some plant on the man's back. The man also happened to wear outside his trowsers two small belts, with iron buckles, and on the corresponding parts of his legs were two distinct reddened circles, with the addition on the right leg, over where the buckle had been, of a small laceration of the flesh, which had bled rather profusely for its size.

There was nothing in the man's clothing to account for the erratic impression left by the electric fluid. In about three days afterwards the whole affair had nearly disappeared. The terminal branches faded first, but on the third day part of the central stem, and especially towards the left scapula, was still raised, and of a bright-red colour. Altogether it seemed more like a burnt surface in appearance than anything else, only the skin was nowhere broken, and I do not think it will leave any appreciable mark.—I am, Sir, yours, &c.,

GEO. WAUGH, M.B.

King's Sutton, Oxon., July 30th, 1878.

THE LANCET.

LONDON: SATURDAY, AUGUST 10, 1878.

A FORTNIGHT ago we put the question: Who shall and who shall not perform ovariotomy? The question is disputed between surgeons pure and surgeons obstetric. But not on precisely the same grounds, for while certain hospital surgeons claim not only the right, but the exclusive right, to this operation, the obstetric surgeons or physicians simply claim the right to perform it as well as the surgeons. Moderation is thus clearly on the side of the obstetric surgeons. It rests with the general surgeons to prove the justice of their exclusive pretensions. It is not enough for them to invoke the traditions of the old hospitals; it will not avail them to appeal to ancient surgical customs existing before ovariotomy was known, or to times before obstetric surgeons were appointed to the hospitals. Abdominal surgery is all but a new field, and it is not exclusively, nor even mainly, by hospital surgeons that this new field was created or has been developed. Ovariotomy was the natural consequence of the purely obstetric operations of the Cæsarean section and of laparotomy for the relief of extra-uterine gestation. The operation may be said to have had its birth in general practice. EPHRAIM MCDOWELL and JEAFFRESON of Framlingham were not hospital surgeons. CLAY of Manchester, who fairly established ovariotomy, was above all an obstetric practitioner, and he drew his inspiration and his encouragement from BLUNDELL of Guy's, and RADFORD, who may be said to have exorcised the dread of abdominal surgery which down to their day paralysed the purely surgical mind. Since that time ovariotomy has been steadily cultivated as an integral part of their work by obstetric practitioners. It was not till long after the operation had been established out of doors that it was taken up in our London hospitals. LAWRENCE denounced it with all the force of his vigorous intellect. At Guy's the operation was forbidden absolutely by the Governors—a measure inconceivable had the surgeons held it in due estimation. The first hospital surgeon to break the ban was, we believe, CÆSAR HAWKINS at St. George's. It is more than unreasonable, then, that hospital surgeons should now step in and assert the exclusive privilege of performing an operation which had made its footing outside their arena, and without much assistance from them. Nor does it appear that hospital surgeons can support their claim by the logic of results. Their mortality in hospital has hitherto been about 50 per cent. Obstetric surgeons could hardly be less fortunate. It may be urged that the surgeon, more practised in handling knives and ligatures, is likely to do the operation itself with more precision. But to urge is not to prove. The obstetric surgeon is constantly exercising his fingers in the most delicate operations, and he is quite as familiar with the sight of blood and the modes of controlling hæmorrhage as the ordinary surgeon can be. And if it be granted that the obstetric surgeon is in some degree inferior to the ordinary surgeon in the strictly mechanical work of the operation he may, on the other hand, plead two or three facts in which he enjoys an incontestable superiority. The first of these is his trained skill in the diagnosis of pelvic and abdominal tumours. This is the result of his daily, hourly experience. It cannot be improvised for the occasion, or brought to perfection under the restrictions against obstetric practice which hospital surgeons impose upon themselves. The diagnosis of pelvic and abdominal tumour is an art that has been almost developed under the hands of physicians and obstetric practitioners. Again, we must look to a Guy's physician for the most masterly description of pelvic and abdominal tumours, and the most excellent diagnostic analysis ever published. BRIGHT'S name must stand by the side of BLUNDELL'S in this relation. If we could invoke the manes of these illustrious men to pronounce their judgment upon the claim of their surgical descendants, can we doubt what the utterance would be? Would they not declare that they worked for humanity, that the fruit of their genius was the heritage of all their brethren, and not of a section?

Another point of superiority on the part of the obstetric surgeon is, not his surgical purity, but his comparative personal purity. Much of the hospital surgeon's daily work is done in an atmosphere of foul emanations; he is in almost constant contact with pus and septic products. It is true that by rigorous application of LISTER'S precepts much of the danger arising from this source may be eliminated. But still the scrupulous and unremitting vigilance in avoiding all possible sources of contamination, which is as a second nature to the obstetric surgeon, gives him a decided advantage over the general surgeon in this respect.

It can hardly be, then, on the ground of public good that this exclusive claim is made. An intra-professional monopoly must be injurious alike to science and to humanity. Emulation, if not rivalry, is the soul of progress. Can it be that one section of the profession is jealous of another? Can it be that one section, by arrogating to itself the exclusive privilege of performing ovariotomy in our great hospitals, seeks to secure the more lucrative field of private practice? Perish the thought! Then let all work together harmoniously in the interest of science, to the educational improvement of their pupils, and for the good of mankind.

THE abandonment by the Government of the Medical Bill—a policy we have advocated for weeks—is satisfactory. We are deeply alive to the fact that the Bill has given the Government, or rather the Duke of RICHMOND and GORDON, great trouble, and that his Grace has shown laudable courtesy and patience in receiving expressions of opinion from all quarters on this very complicated question. Moreover, we are quite ready to admit that there is much that is good in the Bill. It compels the institution of a one-portal system in each division of the kingdom, though in a costly, complicated fashion, that is not likely to work very well. It provides for the recognition of foreign and colonial diplomas in a manner that is dictated at once by our sense of what is seemly, just, and politic. It provides for the creation of a class of midwives who, after a certain examination, the character of which has to be approved by the General Medical Council, shall be licensed and registered. It gives to the Medical Council larger powers of framing, or rather "causing to

be framed," rules for securing uniformity of examination for qualification in the various divisions of the kingdom. It may be asked, if a Bill did all this, why should it have met with any opposition, and why should the abandonment of it be a source of gratification? The question is a fair one, and deserves a frank reply. It is only right to remember, in judging of the somewhat chequered course of the Bill, that, as originally introduced, it left the formation of Conjoint Boards entirely optional. This circumstance produced an unfavourable impression at the very outset. There may be a class of subjects in regard to which the permissive principle is applicable; but it brings legislation into disrespect when public bodies are simply permitted to do that which it is known they will never do spontaneously, and which public opinion demands that they shall be compelled to do.

Though the Bill has not been passed, it has done much good by the amount of discussion it has occasioned. The various points of the subject have been indicated with more precision and completeness, and have excited far more interest, than in the year 1870. More disposition to look favourably on our proposal for the establishment of an examining board entirely independent of the medical bodies and of their pecuniary interests has been shown. There can be little doubt that if the whole question in all its bearings were completely examined and sifted by a Select Committee of the House of Commons, or by a Royal Commission, the result would be the creation of independent boards for the purpose of qualifying men, the test and severity of which should be uniform in each division of the kingdom. This has been our advice throughout, and the scheme was developed in THE LANCET Bill seven years ago. Of course this is considered very revolutionary—a sort of thing to be followed by the fall of "the ancient heavens." But it is not half so revolutionary as it looks. The examining boards would be composed, as at present, of the best men in the profession, and appointed by the General Medical Council. The difference would be that the boards would discharge their public duties without any reference to "corporation interests," which it is scarcely to be expected they should do now, seeing that their prosperity, if not their very existence, depends on the income received from the fees of successful candidates. But while the Government takes counsel only of the General Medical Council, and this Council consists so predominantly of the representatives of bodies which have a pecuniary interest in maintaining things exactly as they are, it is sanguine to expect it to undertake the formation of independent examining boards.

But there is one thing which the Government should have been prepared to do, at the very least. In laying afresh the foundation of the medical profession for perhaps a generation, in consolidating the qualifying or licensing power, and making a great effort to raise the *minimum* standard of medical skill and knowledge, they should have provided for the reform of the central body that was to superintend and control all schemes and all the Conjoint Licensing Boards. To reform the individual Examining Boards, and to leave untouched the central body that was to control them all, was a most imperfect piece of work. This was the fatal defect of the Government Bill, which made it impossible for the profession to allow it to pass without using all their power of opposition. The Medical Council has never been in sympathy with the profession, and has acted far too much as if it existed only to promote the interest of the Corporations. This is one reason why the profession desiderate some change in its composition. Another and more weighty one still is the general conviction that, if the Medical Council is to do its best as a Council of Medical Education, it must be composed somewhat differently, so that members may act more independently, without reference to the fear or favour of individual bodies, but with respect only to the advancement of medical education.

The chance of securing a change in the Medical Council had the Government Bill passed in its present form would have been *nil*. The Government might have promised and granted a Select Committee to consider the question of the Medical Council; but, after the time given this session to four or five Medical Bills, they would have been little disposed to revert to legislation on medical subjects next year, and would have had many excuses for evading the subject for years to come. Now it seems apparent that a Medical Bill cannot pass which does not provide for some improvement in the constitution of the Medical Council. The very Council itself has declared almost with unanimity that its constitution needs revision. The Government will perceive that this subject is ripe for settlement, and that its settlement will give something like completeness to medical legislation. Under these circumstances, we rejoice in the abandonment of the Medical Bill, believing that it will secure the introduction of a better one next session.

THE Committee appointed by the Medico-Chirurgical Society, at the request of the Humane Society, to consider the various ways, and more particularly Dr. HOWARD'S "Direct method," of treating suspended animation, does not seem to be greatly impressed with the public value of its discoveries. It is only fair to make this assumption because, considering the great interest of the subject, and the circumstance that this is precisely the season at which any new light on the subject of artificial respiration for the recovery of the apparently drowned would be warmly welcomed, a revelation likely to be useful would not, certainly, be delayed! There are some questions in science which may be allowed to wait the convenience of investigators for solution, but this, we take it, is not of the number; and, although NERO is traditionally believed to have sought recreation in fiddling while Rome was burning, the Committee of gentlemen selected—for their special experience in the recovery of the apparently drowned—to investigate this pressing subject would scarcely have dispersed for their usual holiday without giving the world the benefit of their researches if the impression produced on their own minds by the new method had given it the stamp of practical importance.

Much mystery, and probably some misconception, have attended the inquiry understood to be in progress. When the names of the investigators were published, and the undertaking designated a "Committee on Suspended Animation," the profession and the public, not unnaturally, supposed that the whole question of treatment was to be reopened, and, remembering the confusion and obscurity into which the last investigation plunged the subject, con-

siderable anxiety dashed with hope was experienced. It was just possible, though perhaps unlikely, the clouds of doubt in which the nature and relief of suspended animation had been enveloped by the Committee of 1870 might be dispelled. For a time we participated in the sanguine belief that this was possible. The hope was rudely extinguished when the terms of the reference transpired. The instruction to the Committee was, it seems, to inquire into Dr. HOWARD'S method and that now in use by the Humane Society, and it gave no authority to open up the whole question of the treatment of suspended animation. In short, the Medico-Chirurgical Society did not undertake this investigation as a piece of scientific research, but, to speak plainly, placed the services of several of its prominent members at the disposal of the Humane Society for the convenience of a Council unable, and perhaps incompetent, to decide whether a particular idea offered for its guidance was worthy of acceptance. It is impossible not to perceive the generosity of the impulse which stirred the Medico-Chirurgical Society; a spirit which might have moved the Society of Public Analysts to offer their aid to a Board of Guardians embarrassed in the choice between two specimens of bread, or the Epidemiologists to investigate the condition of Cyprus for a distressed War Office.

The magnanimity of the enterprise stood confessed, but beyond that feature of excellence it had, unfortunately, little to admire. The standard of comparison by which the new method had to be tested was not of a nature to supply any real measure of its value. The method now in use by the Humane Society was, as everybody knows, the outcome of an inquiry in which the method of MARSHALL HALL (the discoverer of all that is really known in regard to this subject), that of SILVESTER, and one or two other systems, were more or less completely tested, and a compound "method" evolved. Those who have actually seen the system adopted by the Humane Society in use by the average class of operators must be convinced of its inefficiency. It is scarcely too much to say that when the "apparently drowned" recover, the happy circumstance is due rather to their inherent vitality and the power of triumphing over difficulties of respiration — increased by the "method" — than to any aid they receive. To lay a man on his back with the shoulders raised, and work his arms like pump-handles, in the vain hope of expanding his thorax, while the water lies gurgling in his pharynx, and perhaps larynx, is not the sort of "treatment" an experienced person would recommend. Nevertheless, this is what the Humane Society's "method" produces. In so far as the procedure recommended by Dr. HOWARD has the merit of averting the mischief done to the "apparently drowned" by the system in use, it is of course to be preferred.

In another column we print the concise instructions framed for the practice of the "Direct method" by non-experts, and our readers can judge for themselves to what extent it seems likely to meet the requirements. Meanwhile it must not be forgotten that the "Ready method" of MARSHALL HALL, as distinguished from al the systems which have been grafted upon it, made full provision for the instant ejection of fluid from the pharynx, and further secured the repetition of this clearance at each roll of the body, so that the accumulation of fluids discharged from the stomach in the performance of artificial respiration was impossible. Moreover, the Ready method, while meeting all the needs of the condition, had the great advantage of avoiding any usage which might act injuriously on the sympathetic nerve centres. We confess that in respect to the possible effects of the force employed, and the "jerk" requisite in the "Direct method," we have many misgivings. It is confidently asserted that no injury can be done by the measures prescribed if properly used; but it must not be forgotten that any "method" for the recovery of the apparently drowned must be of a nature to be adopted by bewildered bystanders who are not likely to form any precise estimate of the force and weight they employ. It is a fact beyond cavil that a blow or severe concussion of the solar plexus would be dangerous to the spark of vitality left in a person whose animation is suspended. Whether such a concussion may be inflicted, unwittingly, in the "Direct method," as used by the unskilled, is one of the questions which it is important to determine.

The whole subject is of such moment to the community at large that we venture to urge the appointment of a Committee selected by the profession to investigate "the treatment of suspended animation" in all its aspects and bearings. The Ready method of MARSHALL HALL, and all the methods which have grown out of it, should be tested side by side by experts, and by casual operators acting without instruction on the written "rules." Unless the several systems are thus tried by the sort of experiment which must be made in ordinary practice, no safe conclusion can be reached. We suspend our judgment on the comparative advantages of the several systems until a complete inquiry of the nature indicated has been carried out by competent and impartial judges, and we ask the public to do the same.

As our knowledge of Cyprus expands, so comes upon us the emphatic conviction that if the authorities now responsible for the sanitary administration of this island do not work well and wisely, much preventable sickness will occur among the troops and others who have already arrived and are yet to come. The last reports indicate that already more than 10 per cent. of the detachments landed are down with some sort of fever, probably of the intermittent or remittent type. This represents a large number out of so small a body of men. Hence we cannot but condemn the action of the Government in hastening to occupy the island with a substantive force before any definite information was obtained about sanitary prospects. We glean that the annual rainfall in the island is about fourteen inches, most of which occurs in the months of November and December. February is the coldest month, but this has a mean temperature as high as 52° F., the temperature of July and August being about 81° F., the ordinary summer heat of Algiers, Alexandria, Athens, and Constantinople. The tables of summer temperature, taken from the French Government Report, show in the shade: May, 70° F.; August, 88°; November, 63°; the greatest heat being 99° F. in August, and the greatest cold 56° F. in November. But inasmuch as there are lofty hills in the island, sanatoria can (as at Simla, Mussourie, and

other Indian stations) be established without difficulty, and ought to be made, with comparatively little cost and labour, very accessible.

It is well that Sir GARNET WOLSELEY is not disposed to accede to a suggestion telegraphed from London to the effect that the Anglo-Indian native troops should be sent back at once. On sanitary as well as on diplomatic grounds, that would be an unwise proceeding. For, as Lord BEACONSFIELD and his colleagues have chosen to, as it were, deluge the island with a number of soldiers before proper means have been taken for their adequate accommodation, it is probable that the Indian troops will be less likely to break down than Europeans. It is lamentable to record that the first victim to the climate was Sergeant MCGOW, an Ashanti hero, who had won the Victoria Cross.

In point of fact, in all these political manœuvres we have yet to learn that much skilled and deliberate action is required, when the executive is called upon to follow up policy by practical work. Was it really necessary to send that number of men to Cyprus immediately? Is the presence of a large armed force *absolutely necessary* to complete or to assure the occupation of an island under the conditions specified in the arrangements made between Her Majesty's Government and the Sultan? We think not. And, having regard to the fact that the First Lord of the Treasury thinks, or professes to think, much about general as well as domestic sanitation, it is a pity that the principle, beginning very properly at home, does not extend, and in this case did not induce the Prime Minister, or at all events those who serve immediately under him, to pay a little more attention to the sanitary state of Cyprus before occupying it with some of the best and bravest of our troops.

As we go to press some more disquieting information arrives. "Fever" (? what fever) is said to be increasing at Larnaca to a serious extent. The 42nd Regt. has forty-four men on the sick-list, and, according to the *Daily News*, the 101st had twenty-five men and four officers. The health of the fleet is also reported to be very unsatisfactory. The bell tents used by the 42nd, 71st, and 101st are much complained of, and as a protection against the heat are utterly useless. Water-carts are conspicuous by their absence, and Sir GARNET WOLSELEY having applied for fifty of these vehicles for troops on the march, was immediately met with the reply that there was not a single Government water-cart in the island. Cyprus is, it appears, to be governed in six districts, five of which have been already apportioned, and a Civil Commission has already been stationed at Larnaca, Limasol, Famagousta, Kyrenia, and Baffa, Nicosia being as yet unappropriated. Having regard to the present state of things afloat, as well as ashore, it seems simple common sense to recommend that a civil sanitary officer (i.e., a medical officer of health) should be attached to the staff of each commission, and that that officer should be responsible for health matters *afloat* as well as ashore, inasmuch as all the places above-named are on the coast line.

UPWARDS of five months have elapsed since Mr. HARDY, in bringing forward the Army Estimates, informed the House of Commons that, admitting the state of the Army Medical Department to be unsatisfactory, he had appointed a small Committee to inquire into the causes which prevented candidates from coming forward in sufficient numbers to fill up the vacancies in the department. We infer from an answer by Colonel STANLEY to a question in the House that the Committee has made a report. He stated that there would be no examination of candidates in August, in consequence "of some possible changes in the service which had not yet been fully decided upon." Now we can well understand the difficult position in which Colonel STANLEY has been placed, coming into an office with the duties of which he was unacquainted in the middle of a session, and with unusual demands upon it in connexion with the Eastern question. But we would desire to call his attention to the important interests involved in the subject now before him. Unless some decided measure is adopted to place the service on a satisfactory footing, the Army will soon be without a sufficient number of medical officers to attend to the sick, even in time of peace. If he allows a great department to collapse for want of prompt measures to restore it to a state of efficiency, he will bring upon the War Office a repetition of the odium which was cast upon it in connexion with the failure of the Medical Service in the Crimea, and which was only removed by the able scheme of reorganisation which was prepared and ultimately brought into operation by the late Lord HERBERT. Whatever is to be done must be done quickly, or we shall have another discreditable break-down.

Annotations.

"Ne quid nimis."

WHO IS TO BLAME?

AN inquest was held some few days ago at Aldershot on the body of a child three years of age, the daughter of an engineer stationed at the camp. On the supposition that the deceased was suffering from scarlatina, she was sent by a medical officer to the infectious ward of the hospital maintained for that purpose, and was nursed by an old and deaf woman. Several weeks after admission her head was found to be swarming with vermin, and the hair was so filthy and so completely matted together that it had to be cut off *en masse*. She was discharged five weeks after admission, and died the following day, the post-mortem examination showing the cause of death to be tubercular peritonitis. The jury returned the following verdict: "We are of opinion that Harriet Hannah Rose Dean died of tubercular disease; that the deceased *never had scarlet fever* [the italics are *not* ours], and that death was, if not actually caused, greatly accelerated, by the medical attendants connected with the case." The evidence, which was in some respects conflicting, went to show that the child was attended in rotation by five or six medical officers, each of whom took a week of duty at the hospital, that the original diagnosis was accepted in turn by them as a matter of course, and that none of them observed bedsores or vermin. The ambulance in which the child was conveyed to the hospital was declared to be unfit for the purpose. Fourteen hours are reported to have elapsed on one occasion from the time when an urgent request was made for a doctor to the hour at which he responded to the call. (We quote the account of the inquest from the *Surrey Advertiser* of the 3rd inst.) Although it seems tolerably certain that a difference of opinion existed as to the diagnosis, the child was allowed to remain in the infectious ward with

another patient suffering from fever, and indeed was, according to the evidence, kept there from the 12th of June until the 18th of July, when she was discharged at the earnest request of the parents, who gained admittance into the ward surreptitiously, and found their child in the miserable state above described. The principal medical officer, when officially appealed to by Sir Howard Elphinstone, V.C., K.C.B., then commanding the Royal Engineers, averred that the parents must have been responsible for the dirty state of the child; but the parents, on the other hand, declare emphatically that she was quite clean when sent to hospital. Meanwhile, this case has very serious aspects, notably when taken in connexion with the system of administration that now obtains in the Army Medical Department. At least five medical officers were, it seems, more or less responsible for the treatment of this child, and the public have an undoubted right to ask who is to blame? Is it the system, or the persons appointed to carry out the system? We, in common with the rest of the outside world, pause for a reply, for, as the matter is, we suppose, still *sub judice* at Whitehall, it would be premature and improper to criticise the conduct of any concerned in this miserable misadventure.

THE INJURIES OF THE EMPEROR OF GERMANY.

OUR readers will be glad to know that the Emperor of Germany makes steady progress towards recovery. The amount of convalescence already realised is no mean testimony to his own good constitution, and to the sagacity of his professional advisers. The wounds in his arm were of a serious character, involving, as future accounts will show, the integrity of both bloodvessels and nerves. One of the gravest results was injury of the ulnar artery, with the formation of a hæmatoma and loss of pulsation in the distal portion of the vessel. Under the treatment adopted both lesions are undergoing favourable reparative processes, and it may be confidently hoped that the illustrious patient will soon recover the use of his hand and arm. Not the least interesting fact in connexion with this disgraceful crime was the manifestation of the affection and devotion of the renowned Langenbeck, who has been at the side of the Emperor in all the great battles which have so profoundly affected the history of Europe. Langenbeck received the news of the catastrophe while in a state of *déshabille*. Without waiting to complete his toilet, he rushed through the streets of Berlin in a second-class *droschc*, and did not stop till he was in the presence of his wounded and beloved Sovereign.

THE CASE OF DODWELL.

IN another column we publish letters from Dr. L. S. Forbes Winslow, Dr. Winn, and Mr. Bray, contradicting our assertion that the demand for a money guarantee in the case of Dodwell was incredible. We do not, of course, question the fact as stated by these gentlemen, but we must repeat the assertion that the proposal was outrageous, and must have originated in mistake. No question as to financial security can have arisen. If the prisoner had been judged sane he would have stood committed for a term of imprisonment or penal servitude—the just penalty of a serious crime. As it was, he is a *lunatic* in the eyes of the law, and will be retained during her Majesty's pleasure. He cannot be discharged on bail or financial security. If any question of liberation arose, it would take the form of placing him under the guardianship of responsible persons; but in that case the bond would be for his safe conduct, not a money guarantee; certainly not a sum raised by public subscription, which would bind no one! There must have been some error in the way the official at the Home Department put the case, or misapprehension on the part of those who received the intimation. With respect to Dr. Winn's complaint that we have characterised the only medical opinions given as "voluntary," it is impossible to qualify the statement in the sense in which we made it. We did not suppose Drs. Winslow and Winn had interposed without being asked to do so, but, precisely as we conjectured, it now appears, the request came from "the friends of the prisoner." The fact remains, no medical opinion except that supplied by the medical officers of Newgate, Broadmoor, and perhaps Millbank, has been obtained, and in the absence of any medical ground for the judgment upon which Dodwell was committed to an asylum, an independent opinion is clearly necessary. Nothing that we have said is intended to reflect on the value or impartiality of the "opinions" expressed by the medical men who have examined the prisoner, but it must be obvious to every member of the profession that justice will always be liable to fail through misdirection if medical evidence is to be discarded at a trial like that to which the prisoner was subjected, and the defect is not repaired by a formal inquiry similar to that pursued in the case of a prisoner condemned to death, about whom a question as to the mental condition arises after sentence. This is the procedure to which precedent and common sense point, and we still cherish the hope that it will be adopted.

ARMY MEDICAL SCHOOL.

THE thirty-sixth session of the Army Medical School at Netley was brought to a close on the 5th inst. by a public announcement of the positions gained by the candidates for commissions who had gone through the courses of instruction at this establishment during the past summer. There was a large gathering in the lecture theatre of the school on the occasion. In addition to the candidates and staff of the school, together with the military and medical officers of the Netley Hospital, a number of visitors came from a distance, while the Hon. Eliot Yorke, M.P., and other gentlemen attended from the surrounding neighbourhood. Lieutenant-General Sir Henry Norman, K.C.B., member of the Council of India, came to hand the prizes to the successful competitors. He was accompanied by Colonel Johnson, R.E., secretary of the military department of the India Office; Sir Joseph Fayrer, F.R.S., LL.D., physician to the Council of India; Dr. Smith, principal of the Medical College of Calcutta; General Macdonald, R.E., and other officers of high rank in the Indian service. The Herbert medal and prize, which have been given for many years past at the Army Medical School, and the Martin memorial medal, were on this occasion supplemented for the first time by the "Parkes" medal. This distinction is conferred on the candidate who exhibits the highest attainments in the hygienic work which the late Dr. Parkes directed at the Army Medical School from its foundation until little more than a year ago with such well-known eminent ability. There was a fourth prize given this time—viz., a regulation case of surgical instruments—which had been offered by retired Surgeon-Major Cahill to the candidate taking the first place in the examination on Military Surgery.

As soon as the marks gained by each candidate had been read by Professor Maclean, together with copies of the official letters addressed on the results of the session to the heads of departments at the War Office, Admiralty, and India Office, the winners of the various distinctions were called to the front, and Sir H. Norman handed to each the prize he had gained, with some appropriate congratulatory remarks. Dr. Eugene Cretin, F.R.C.S. Eng., a native of Mauritius, carried off the Herbert prize, and also the Martin memorial medal. Dr. Andrew Duncan, F.R.C.S. Eng., had the Parkes medal awarded to him. The medal itself had not arrived from the maker, but Sir Henry said it would be

forwarded to Dr. Duncan as soon as it was received. Mr. Landon, M.R.C.S. Eng., carried off the prize in military surgery. Dr. Cretin and Mr. Landon had studied at St. Bartholomew's Hospital, while Dr. Duncan was formerly a student at King's College, London.

After distributing the prizes, Sir H. Norman delivered an eloquent and hearty address to the assembled candidates. He said that he represented on the occasion the Secretary of State for India, Lord Cranbrook, who regretted his inability to be present in person. Lord Cranbrook, from having been Secretary of State for War, and now holding the office of Secretary of State for India, was well acquainted with the Army Medical School, and was fully alive to the important services it had rendered, and the beneficial influence it exerted on the several branches of the public medical service. With regard to India, with which he (Sir H. Norman) had had such long personal acquaintance, he could say that it was impossible to overrate the vast importance of having well-informed and highly-cultivated medical officers there. The reports of the present session showed that all who had been attending it had worked honestly and well, while some had very greatly distinguished themselves. There would be ample scope for the exercise of their professional abilities in India. He had known medical officers who had been conspicuous for their devotion, courage, and usefulness in the gravest epidemics of disease; who had willingly exposed their lives with those of their combatant brethren in the field, while they had afterwards to incur additional risks in the hospitals; men who were honoured and esteemed by all who had had the opportunity of observing them and their actions. He felt sure he was now speaking to young medical officers who would prove worthy successors to the officers to whom he had just alluded. After other remarks of a similar tenor, Sir Henry Norman addressed some special observations to the medical candidates of the other two branches of the service the Royal Navy and Army Medical Department, and concluded with kind words of encouragement to all. Sir Henry was warmly cheered at the conclusion of his address.

The session was attended by nineteen candidates for the Army Medical Department, eleven for the Royal Navy, and twenty-five for Her Majesty's Indian Army. We elsewhere publish the names of these gentlemen and the places taken by them in their respective lists. It has been announced that there will be a competitive examination in London on the 12th instant for the Royal Navy and Indian Medical Services, but that there will not be any for the Army Medical Department.

THE POST-MORTEM DIAGNOSIS OF NULLIPARITY.

AN interesting paper on this subject was read at the last meeting of the Obstetrical Society by Dr. John Williams. The author pointed out that the characters found in the uterus after death, and which were usually relied upon in coming to a conclusion as to parity or nulliparity, were insufficient, inasmuch as similar conditions of uterus might be the result of disease. He thought, however, that marks characteristic of previous pregnancy were to be found in the bloodvessels of the uterus. The arteries, on section in a fresh specimen, projected above the surrounding surface, their walls were of a whitish-yellow colour and opaque, and their canals remained patent. On microscopic examination, the three layers of the arterial wall were found to be thickened and to present a marked contrast with those of the organ in the virgin state. The exact value of these appearances in the diagnosis of the previous existence of pregnancy could not at present be determined. The author had, however, not met with them except in uteri which had been gravid, and he had found them in organs which had undergone senile involution fifteen years after the last gestation and eight years after cessation of the catamenia. Though it could not be asserted that the condition was present in all uteri which had been pregnant (for the uterus itself may be reduced to a membranous bag by the process of involution), yet if the condition survives the retrograde process which ordinarily takes place after labour, it appears to become permanent. Besides the changes in the arteries, those which take place in the sinuses of the uterine wall at the seat of the placenta were described, and these the author regarded as diagnostic of pregnancy. Friedlander had studied the condition of the sinuses during the eighth and ninth months of pregnancy, had observed the thickening of these walls, and had found it present five months subsequent to labour. Similar changes were found by Dr. Williams as late as twelve months after parturition. The paper was accompanied by specimens, microscopic sections, and drawings, illustrating the conditions described.

THE EVACUATION OF THE RUSSIAN SICK FROM ROUMELIA.

THE Commission established at San Stefano to superintend the transmission of the sick of the Russian army south of the Balkans to southern Russia—we learn from the Russian journal, the *Voice*—has had considerable difficulty in obtaining a number of steam-vessels sufficient to secure regularity of service. They have, however, been successful in hiring thirteen vessels of the Russian Black Sea Company. They had also come to terms for the use of several vessels belonging to English and Italian companies, but after a few voyages the engagement with the English companies was cancelled. It was not until the beginning of July that the Commission had secured the number of vessels required to proceed with the work of evacuation by sea regularly, but on the 12th of that month the arrangements for this service were completed and brought into action. About the same date also the temporary hospitals constructed in the Ottoman ports, from which the sick are embarked, were completed, as also the hospitals for their reception in southern Russia. The hospital accommodation at Odessa, Nicolaiev, Sebastopol, and Theodosia, is arranged for the reception of 7500 patients *weekly*—that is to say, for the number of the sick which the fleet of hospital ships is fitted to carry within that period from Ottoman ports to the Russian ports named. The total number of beds provided in South Russia for the sick of the Army of the South amounts to 20,775, of which 18,500 belong to the military administration, and 2275 to the service of the Red Cross.

The number of Russian sick which had been sent from Roumelia by sea to South Russia to the end of June is stated to have been as follows:—March, 284; April, 1648; May, 5733; June, 10,303; the total number during this period amounting to 17,968. The number of deaths occurring at sea among this large body of sick was only fourteen, a number which, with good reason, is claimed to indicate the excellence of the arrangements. Nevertheless, the *Voice* takes exception to the paucity of the medical staff provided for the ships engaged in the work of evacuation. Vessels carrying from 600 to 700 patients have assigned to them but two physicians, with four assistant-surgeons. The *Voice* observes that it is impossible, under these circumstances, for the medical staff to perform properly the work imposed upon them, and that the number should be augmented.

The latest news received from South Russia states that the hospital accommodation there is to be increased by 3000 beds, 1000 of these being reserved for typhus patients. This will bring the temporary hospital accommodation provided in South Russia for the sick of the Army of the South up to 21,500 beds.

DR. BROWN-SÉQUARD'S APPOINTMENT AT THE COLLEGE OF FRANCE.

APPOINTMENTS to professorships in France take place under a very peculiar system. Two scientific bodies have to make out a list of candidates to be submitted to the Minister of Public Instruction, who has the right to select among them whom he pleases. This right, however, has never been used fully, the Minister, in cases in which the name of one of the candidates has occupied the first rank in the two lists, having invariably appointed that candidate. We are led to make this statement in explanation of what has taken place recently in regard to Dr. Brown-Séquard's appointment at the College of France. We announced about two months ago that the professors of that great institution, by a majority of 25 against 4 votes, had placed Dr. Brown-Séquard's name first on the list of candidates for the chair of Medicine left vacant by Claude Bernard's death. The Academy of Sciences had also to send in the names of two candidates for that chair. On the 22nd of July, in spite of great efforts of the clerical party to defeat Dr. Brown-Séquard, he was put first on the list by 25 votes against 22 given to a clerical, M. Dareste. The last act was accomplished on Saturday last, when a decree of the French Government, was published by the official journal, appointing Dr. Brown-Séquard Professor of Medicine at the College of France. The selection under the system detailed is practically the result of a *plébiscite* of the scientific community in France, and the choice made in this instance gives expression to the esteem of the medical profession throughout the world.

AUTUMN HEALTH RESORTS.

THE last annual report of the Registrar-General should be studied by fathers of families and others interested in autumn "outings," for it contains some valuable positive and comparative statistics respecting the mortality at most of the chief watering-places of the kingdom. It is not within our province to indicate by name any special places of resort at which to gather a renewed lease of health and vigour for the forthcoming winter. But a very cursory glance at the above-named Report will enable the reader to form some sort of judgment as to what watering-place to choose, whether coast or inland be desired. At all events, it is pleasant to know that "the sanitary condition of most of them is very satisfactory." The average mortality in the thirty-seven seaside towns discussed during the three months ending June 30th was at the comparatively low rate of 18·2 per 1000, and in the nine inland towns of 19·1 per 1000. And we may honestly record that much of this is due to the energetic action of the respective sanitary authorities, who are now well convinced that money spent on drains, culverts, water-works, well-organised scavenging, &c., is a good practical investment—preventing disease, attracting visitors, and so increasing local commercial prosperity. Meanwhile let us sound a note of warning, very old, but too little regarded: avoid overcrowded places. Most of our well-known watering-places are at the present time so full that no comfortable quarters are to be obtained either at hotels or lodging-houses.

DRUNKENNESS AMONG WOMEN.

WE have no other fault to find with the plan proposed at the meeting at the Mansion House, under the presidency of Dr. Cameron, M.P., in support of the movement for providing a home for the reformation of female habitual drunkards, than its utter disproportion to the evil which it proposes to remedy. The drunkenness of women is attested by all kinds of witnesses, and is said to be worse in London and Liverpool than in any other places. There is a large section of women in society now who take no alcohol, or next to none, partly on moral grounds, but very largely too on the ground of pure physical observations as to what best suits their health. But hospital and dispensary surgeons see a great deal of disease among poorer women who spend an absurd proportion of their money on drink. A "home" or two can make but little impression on an evil so extensive as this. It is to be overcome by better education, by kindly advice from medical men and all others that can influence the intelligence or the disposition of the poor. What strikes us most in such questions is the apparent powerlessness of legislators and of moralists. The only contribution which the present Parliament has made to the abolition of the evil is the homœopathic one of increasing the facilities for drinking. The Church is bestirring itself, but it will have to do greater things than it has yet done to make much impression.

THE VOLUNTEER MEDICAL SERVICE.

THE annual meeting of the National Artillery Association has been held this week at Shoeburyness, and has, as usual, been a great "working" success. We say "working" as distinguished from playing at soldiers, inasmuch as it is now admitted by army officers, as well as by civilians competent to form a judgment, that the Volunteer Artillery do their duty at these meetings excellently well, not only as regards the shooting, but as to all points connected with administration and discipline. Hence it is, in our opinion, somewhat disappointing to find that the War Office authorities insist upon making officers of the regular force exclusively responsible for the medical charge of the camp. Artillery practice is avowedly more risky than that perhaps of any other arm, and one or two serious accidents that occurred at the Plumstead range in the early days of volunteering resulted in the institution of stringent rules in connexion with the medical branch of the service, the chief of which was that no firing with heavy guns of any description was to take place in the absence of a surgeon. This rule is undoubtedly a right and proper one. We think, however, that as volunteer medical officers have shown themselves fully competent to deal with the exigencies of the situation, whether at the Plumstead or other ranges, it is somewhat invidious to cast aside their services during the special work of the year, when other branches, as well as the executive, are, so to speak, before the eyes of the public, and thus markedly on their trial. Camp medical duty includes preventive as well as prescriptive items of work; and, as to the former, many volunteer surgeons, who are likewise medical officers of health, have extensive practical experience. Many also of these officers now pass the examination at Whitehall-yard that not only gives their respective corps the capitation grant, but at the same time makes the Army Medical Department responsible for the efficiency of these officers in medico-military matters.

RAILWAY ACCIDENTS.

THE general report to the Board of Trade on the railway accidents which occurred during the year 1877 has just been presented to Parliament, and is a document of unusual interest. The year 1877 compares favourably with those which have preceded it, as will be gathered from the proportion of persons killed to the number of passenger-journeys. Thus, between 1847 and 1849, the proportion was 1 in 4,782,188; in 1856-59, 1 in 8,708,411; in 1866-69, 1 in 12,941,170; in 1870-73, 1 in 11,196,570; in 1874, 1 in 5,556,284; in 1875, 1 in 29,823,500; in 1876, 1 in 14,165,455; in 1877, 1 in 50,144,876.

The proportion was very much lower in 1877 than in any previous year, a fact which, we may hope, is due to the

thorough investigation to which all fatal accidents are subjected. The proportion borne by passengers injured to the total number of passenger-journeys was 1 to 830,713. The total number of passengers killed and injured for the year was 126 killed, and 1285 injured; in addition to the passengers there were 642 railway servants killed, and 2163 injured; and 407 persons killed and 259 injured were trespassers, or suicides, or persons other than passengers or servants.

A table is given showing the amount of damage done to passengers by the various companies, but since one unlucky accident is capable of swelling these figures, it is impossible to judge which company pays most regard to the safety of its customers. The number of train-accidents in 1877 was smaller than in any of the years immediately preceeding. Thus, from 1872 to 1877 inclusive, the number of train-accidents investigated in each year was 238, 241, 168, 161, 149, 146. Amongst the causes of accidents, the most serious are stated to have been negligence or want of care, or mistakes, of officers or servants, insufficient or inadequately enforced regulations, and defective arrangements of signals or points.

ANOTHER "SPECIAL" HOSPITAL.

WE observed a week ago an announcement in one of the daily journals to the effect that the opening meeting of the West London Hospital for the Paralysed and Epileptic had taken place. Two speakers only are reported, one being the senior physician, and the other the chaplain, to the institution. The former made some remarks on infantile paralysis that seemed to us curiously inconsistent with the received opinions of the best authorities on that disease, and to a lay audience must have been eminently misleading, if not hopelessly confusing. A brilliant future is predicted for this establishment, because (1) it has a superlatively strong consulting staff, (2) the "out-patient" system is to be a distinctive feature, and (3) the institution is to be partially self-supporting—i.e., we assume, on the provident dispensary pattern. We are somewhat curious to know whether the eminent and well-known men advertised as composing the consulting staff fully appreciate the somewhat dubious aspect with which this new institution must be regarded by the majority of our readers. We take leave to doubt very much whether another hospital for paralysed and epileptic persons is required at all in London. We are convinced that, though geographically very convenient for the staff, Welbeck-street cannot be a specially suitable locality for the patients; and we are equally convinced that the "provident dispensary pattern" sketched out by those responsible for the inauguration of this new hospital has a suspicious savour about it eminently distasteful to those familiar with the internal economy of "special" institutions.

THE HEALTH OF BIRMINGHAM IN 1877.

THE health report of Dr. Alfred Hill, which is admirably arranged and well got up, with maps illustrating the sites in which fatal cases of measles, fever, &c., have occurred during the year 1877, shows that there have been 16,000 births and 9038 deaths, and that the death-rate per 1000 has been 23·95, against rates of 24·8, 26·8, 26·3, and 22·4 in the years 1873, 4, 5, and 6 respectively. The principal cause of the rise in the death-rate above that of last year has been the greater fatality of measles, scarlet fever, and whooping-cough, especially in children. These three diseases caused respectively 309, 237, and 369 deaths. Fever proved fatal in 144 instances, as compared with 147 in 1876 and 204 in 1875.

The number of small-pox cases which have been reported is 50, and of these 8 have died. In 1876 there were only 11 cases, and not a single death reported. The zymotic death-rate of 4·11 per 1000 compares with other towns as follows:—London, 3·5; Norwich, 2·9; Liverpool, 4·7; Manchester, 4·2; Leeds, 2·8; Newcastle, 2·5.

As borough analyst Dr. Hill has analysed 176 samples of food and drugs during the year, of which 106 were found to be genuine and 70 adulterated. The latter consisted of 29 of gin (diluted largely with water), 21 of milk, 7 of ale, 6 of milk of sulphur, 2 of mustard, 1 of pepper, 1 of oatmeal, and 3 of sausage. The report contains much other useful information respecting the sanitary condition of Birmingham.

DIARRHŒA FATALITY IN LARGE TOWNS.

NOTWITHSTANDING heavy thunder showers, the rainfall in July was unusually small, and the temperature ruled generally above the average. Under the influence of these meteorological conditions the fatality of infantile summer diarrhœa in our large English towns, which first showed a marked increase during the last week of June, further increased rapidly week by week during July. In the third week of June only 56 deaths in the twenty large English towns were referred to diarrhœa, whereas they rapidly increased in the six following weeks to 1159 in the week ending August 3rd. It is beyond question that the high temperature and small rainfall have conduced to this remarkable increase of diarrhœa fatality, but we appear no nearer to a satisfactory solution of the problem why these conditions operate so unequally in the different large towns. The Registrar-General, in his last weekly return, calls attention to the fact that during the six weeks ending last Saturday the annual death-rate from diarrhœa in these twenty towns averaged 4·3 per 1000, and that it ranged from 1·2 and 1·5 in Oldham and Bristol, to 9·6 and 11·13 in Hull and Leicester. It so happens that Oldham and Leicester are both towns in which a large proportion of the female population is engaged in factories, and yet during the past six weeks infantile diarrhœa has been seven and a half times as fatal in Leicester as in Oldham. How much longer shall we have to confess that the causes of these remarkable variations of diarrhœa fatality have still to be discovered? The necessity for such a confession stands in the way of sanitary progress.

CUI BONO?

THE hero of the great swim across the Channel has essayed to remain paddling in the Thames thirty-six hours at a stretch. Captain Webb did not succeed in this particular experiment, owing to the condition of the river, but if he had what would have been gained? No possible good can come of these purely sensational feats of endurance. They strain the powers of vitality and exhaust the reserve of force to no purpose, and the cause of humanity is not advanced. It is time public opinion expressed itself clearly on performances of the nature described. They appeal to the coarse appetite for daring efforts, and are in no sense more respectable, though less commonly fatal, than the gladiatorial exhibitions by which the barbarian potentates of earlier ages sought to encourage the love of strife and to foster a convenient contempt for life. They belong to an earlier stage of development, and are wholly out of place in a civilised nation in the nineteenth century.

NEGLIGENCE OF WORKHOUSE OFFICIALS.

SOME recent disclosures with reference to the neglect or, more accurately, evasion of duty practised by workhouse officials in the matter of photographing the dead for future identification, should suggest to the Local Government Board the need of enforcing discipline among its servants. Of course boards of guardians are directly responsible for

the supervision of union and parochial establishments, but, seeing how these authorities discharge the obligation of office, it is plainly incumbent on the Central Board to take especial measures for the protection of the poor and the public. If subordinate officers adopt recondite measures to avoid trouble of a particular kind, as was elicited by Dr. Hardwicke at an inquest held last week, it is only reasonable to presume that omissions and general carelessness may occur in regard to matters of even greater moment to the living than the photographing of the dead. There is grave reason to fear that the well-being of the inmates of workhouses is, again, too commonly neglected. The salutary effects produced by the inquiries we instituted some years ago are perhaps becoming exhausted. It may be needful to repeat the scrutiny.

DISQUALIFICATION OF MEDICAL RELIEF REMOVAL.

A BILL has been brought into Parliament by Mr. Rathbone, Sir John Kennaway, and Sir Charles Dilke (July 29th, 1878), which provides for the removal of disqualification by medical relief for infectious or contagious disease. The Bill would enact that no person shall be deemed to be disqualified to be registered as a voter, or to vote at any election of a member or members to serve in Parliament for any county or borough, by reason only that he or any member of his family, or any person whom he is liable to maintain, has before or after the passing of the Bill received medical treatment or relief for any infectious or contagious disease as an in-patient or out-patient of any hospital, infirmary, or dispensary established or maintained by any sanitary authority or Poor-law authority, or at which he has been so treated or relieved by the order or with the sanction of any such authority, or the medical officer thereof.

TESTIMONIAL TO DR. BELL FLETCHER.

ON retiring from the office of acting Physician to the General Hospital, Birmingham, Dr. Bell Fletcher took with him the goodwill and respect of all the friends of that charity, and it was therefore eminently suitable that his portrait should be painted by some well-known artist, and presented to the hospital in which for thirty years he had done so much honourable and useful work.

The medical profession, never slow to recognise the merits and long services of one of their body, willingly joined in the tribute, and the result was that last Friday, in the presence of a large number of the subscribers to the charity, and of the medical profession, a testimonial, consisting of a portrait of the worthy doctor by Sir Daniel Macnee, P.R.S.A. (which will be hung in the Board-room of the institution), and a large piece of plate and two elegant candelabra (the work of Messrs. Elkington), were handed to Dr. Fletcher by Mr. Jaffray, the chairman of the meeting, who, in making the presentation, said that "it was a representation of the widespread feeling of respect and affection which many of his professional brethren and many of his fellow-citizens felt towards him."

The proceedings of that day gave Dr. Fletcher the assurance that he had left to his professional brethren a bright example of unwearied diligence, of consummate skill, and untarnished honour. The plate bore the following inscription:—"Presented, together with a portrait for the board-room of the Birmingham General Hospital, to Thomas Bell Elcock Fletcher, M.D., F.R.C.P., J.P., by governors of that charity and their friends, in testimony of his personal worth, his eminence as a physician, his devotion to the service of the sick poor, and as one of the honorary physicians of the hospital for nearly thirty years. August 2nd, 1878." We heartily congratulate Dr. Fletcher on his well-earned laurels, and are glad to be able to notice the fact that useful and honourable medical services are heartily recognised by the citizens of Birmingham.

SMALL-POX IN PETERBOROUGH.

OUR correspondent at Peterborough writes:—"By the adoption of a rigorous system of isolation, the rural sanitary authority have at length succeeded in stamping out small-pox at Eye, near Peterborough, no cases having occurred there for the last month or six weeks. There have, however, been five cases of the disease within the last two months in the city itself. The first of these was imported from London in the stage of eruption. Of the other four cases three it is believed are distinctly traceable to infection from the first one, which occurred in the house of a baker, who kept his shop open and sold bread during the whole course of the disease. The second case was that of a woman who lives some three hundred yards from the baker's, and bought bread at his shop. She was vaccinated for the first time at seven years of age, and not since, vaccination marks being visible on the left arm. The disease in this case assumed a semi-confluent form. The fourth and fifth cases were those of the father and brother of the baker's boy, who, being assured by the baker that the sick person in his house was suffering from a low fever only, remained at his work in the bakehouse. The authorities meditate erecting a permanent small-pox hospital near the city."

CORPORAL PUNISHMENT FOR CHILDREN.

"SPARE the rod and spoil the child" is an aphorism of high authority; but it must not be forgotten that corporal punishment needs especial care in its administration. Personal castigation should not be administered for small offences, and, when employed, ought to be so used as to inflict the minimum of injury. It would be well if a rule could be made that no child should be beaten except with a cane, and the blow fall only on a part of the person not likely to be permanently affected. Perhaps we are growing somewhat too sentimental in the matter of discipline, but it is beyond question that "boxes on the ear" and reckless violence generally are perilous, and, as measures of improvement, futile, while fraught with danger to body and brain.

ROYAL COLLEGE OF SURGEONS.

AT a meeting of the Council of the Royal College of Surgeons, held on Tuesday last, after the transaction of routine business, a letter from the Faculty of the Bristol Royal Infirmary was read, withdrawing the request for the recognition of a medical school in connexion with the infirmary, in consequence of an agreement entered into by the faculty of the infirmary and that of the Bristol Medical School and the Council of University College, Bristol, for the continuance of the present medical school under a joint government and management, with equal electoral privileges of these three bodies. The report of the Court of Examiners on the matter was not read.

LIME-JUICE.

THE *United Service Gazette* mentions that the island of Montserrat (from which the best kind of West Indian lime-juice for antiscorbutic purposes is obtained) now contains about 300 acres of orchard ground, on which are grown upwards of 120,000 lime trees. The juice is expressed from the fruit by machinery, and a great deal of care is expended to secure its importation to this country in a sound state. When the Merchant Shipping Act of 1867 first came into operation, it was found difficult to supply the market, even for mercantile marine purposes, with a

sufficient quantity of good juice. In point of fact, the anti-scorbutic clauses of that Act created a sort of impetus to the lime-juice trade, and during the last nine or ten years an extraordinary demand has arisen for cordials made chiefly from this article, which are now largely drunk in lieu of—or, at all events, mixed with—various alcoholic beverages. In this case commercial and sanitary interests have most decidedly gone hand in hand.

M. FOVILLE.

THE death is announced of M. Foville, whose name is so well known on account of his researches on the anatomy of the brain. His studies on the structure and functions of the central nervous system were commenced during his residence at La Salpétrière, where he worked under Rostan and Esquirol, and were continued during his charge of an asylum at Rouen, and at a later date at Charenton, where he succeeded his old teacher, Esquirol. In 1844 his Atlas of the Anatomy of the Brain was published. For twenty years he occupied at Paris one of the first positions as consultant in mental affections, and subsequently moved to an official post at Toulouse, where he died. The scientific distinction of his name is maintained by his third son, Dr. Achille Foville, who is superintendent of the Asylum of Quatre-Mares at Rouen.

ENTERIC FEVER AT BRISTOL.

LOCAL journals report the occurrence in Bristol of two concurrent outbreaks of enteric fever, in different parts of the city, both of which are said to have been traced by the medical officer of health to infected milk from two separate dairies. We shall look with interest for Dr. Davies's detailed reports of these outbreaks.

Dr. JOHN W. TRIPE, medical officer of health for the Hackney district, has recently presented his annual report for 1877, which commences, as might be expected, with particulars about the small-pox epidemic. The interesting feature of this report is, however, a series of notes relative to an outbreak of diphtheria at Clapton. We must refer our readers to the report for precise categorical details, but the sum and substance of them seem to be that a distinct connexion is proved between the existence, or, at all events, the perpetuation and propagation, of the malady, and the existence of drains improperly trapped, or not trapped at all. Dr. Tripe closes his description by recording that, in his opinion, "it is impossible to have stronger evidence that the infection was conveyed into the houses of the patients by the agency of the sewer gas."

BABY-FARMING appears still to flourish at Birmingham. According to the *Pall Mall Gazette*, a midwife was charged at the police-court in that town with concealing the birth of a child. The child could not be found. A search was made in the premises and the adjoining garden, and in the soil of the latter the skeletons of eleven infants were discovered.

THE Public Health Committee of the Corporation of Dublin last week passed a resolution suspending all sanitary work, closing up the disinfecting chamber, and ceasing to employ the hospital cabs, &c. The reason given for this summary proceeding is that the borough rate, from which they obtained funds, has been found to be illegal.

THE United States Government has recently passed an Act, a chief provision of which is to give early notice, through the Surgeon-General of the Marine Health Department, of the existence in any port at home or abroad of contagious or infectious diseases, so that the regulations relating to quarantine may be enforced without any delay. We fail to discover, however, what these precise regulations are, and once again express regret that no international system of sanitary supervision afloat exists for the benefit of commercial interests, as well as of crews, passengers, troops, and other ocean travellers. The reports to which we refer are made weekly by the Surgeon-General of the Marine Hospital Service, who is furnished with the materials for so doing by Customs, consular, and other officers at the various ports.

THE 1877 deaths registered last week in London represent the high annual rate of 27·4 per 1000. Diarrhœa was extremely fatal, numbering 470 victims, whilst the mortality from whooping-cough experienced a decline, 89 deaths being attributed to that disease. There were 18 fatal cases of small-pox, 19 of measles, 26 of scarlet fever, 6 of diphtheria, and 21 of different forms of fever. The total number of deaths from the seven principal zymotic diseases was 123 above the average.

ACCORDING to the special correspondent of the *Daily News*, sickness, chiefly fever, is increasing at a portentous rate among the troops at Cyprus, and unquestionably at this season the island is exceptionally unhealthy. The 42nd Regiment had forty-four sick; the 101st had twenty-five and four officers. Many officers on detachment are reported ailing. The health of the fleet at Larnaca is unsatisfactory.

THE Academy of Sciences of Paris has done itself the credit of electing Professor Darwin a corresponding member. The power of the clerical party in the Academy is fortunately on the wane. For years that party has succeeded in preventing the nomination of our eminent naturalist. At last, however, by a majority of 26 votes out of 43 voters, that nomination has been carried.

MR. JOHN LISTER, of Doncaster, was the plaintiff in an action at the Leeds Assizes on the 3rd instant as claiming damages for injuries incurred in consequence of being knocked down by a pony and carriage. After some conflicting evidence as to the rate at which the vehicle was travelling, the jury returned a verdict for the plaintiff, and awarded £75 as damages.

THE Chancellor of the Exchequer, on August 5th, in reply to questions on the course of business in the House of Commons, said:—"As to the Medical Act Amendment Bill, I have communicated with the Lord President of the Council, and he is of opinion, as we also are, that it would be useless to attempt to pass it at this period of the session, and the order will therefore be discharged."

WE are authorised by the medical officer of health for Gravesend to say that small-pox has entirely disappeared from that town, and that it now enjoys an almost unprecedented freedom from infectious disease of every kind.

THE quarterly dinner of the Edinburgh University Club was held on Thursday, the 1st inst. (Capping day) at St. James's Hall. Mr. Richard Davy occupied the chair, and about thirty members and guests were present.

THE Duke of Marlborough will formally open the New Buildings of the Royal College of Surgeons in Ireland on Saturday, the 10th inst.

DR. CHARLES H. LEET has been re-elected representative for the Apothecaries' Hall of Ireland on the General Medical Council.

THE BRITISH MEDICAL ASSOCIATION.

THE forty-sixth annual meeting of this Association commenced at Bath on Tuesday, the 6th inst.; the first duty of those members who came early being to attend at the Abbey Church in the morning, where the Bishop of Bath and Wells officiated. The afternoon of Tuesday was set apart for committee meetings, and in the evening at eight o'clock the first general meeting was opened at the Assembly-rooms. The chair was taken by Mr. Husband, of York, the hon. treasurer, who referred in feeling terms to the sad event which had led to his assumption of that post—namely, the recent death of the President of the Association, Dr. Eason Wilkinson, of Manchester.

The opening event was the address of the President, Dr. Randle Wilbraham Falconer. The oration was prefaced by a rapid review of the work of the Association during the last thirty years, since the second anniversary gathering was held at Bath, but the bulk of the address was devoted to an exposition of the local waters and the sanitary and general history of the once famous watering-place, "the baths of England and the 'waters of the sun.'"

The report of the Council was then read by the general secretary, Mr. F. Fowler, in which it was stated that during the past year there had been 64 deaths, 130 resignations, and an accession of 740 new members to the Association, which now numbered 7596. The balance-sheet showed a total balance of more than £5500. The Council had decided to have offices in the Strand, and to print their own journal. The report then dealt with the question of private members of the Association, and mentioned that a new bye-law would be proposed at the meeting on Thursday to obviate any further difficulties in this respect. The prosecution of unqualified persons; the establishment of new branches in Ireland, the work of the Medical Reform Committee, the reports arising out of the Scientific Grants Committee, the commission on hydrophobia, and Mr. Middleman's donation of £500 to found a triennial prize in the furtherance of ophthalmological science, were alluded to, as well as many other matters. The report concluded by stating that the Council recommended for examination as honorary members—Professor Billroth, Dr. Charcot, Professor Esmarch, Oscar Liebreich, Carl Ludwig, M. Pasteur, and Dr. Lewis Savre.

The second general meeting was held on Wednesday morning at 11 o'clock, Dr. Falconer, President, in the chair. The only business was the acceptance of the invitation of the deputation from Cork for the Association to visit that town in 1879, and the nomination of Dr. O'Connor, of Cork, as President-elect. A vote of thanks was then passed to Dr. Falconer on his retiring from the office of President of Council, which had been filled up by the nomination of Dr. Alfred Carpenter, of Croydon.

The sectional meetings commenced on Wednesday afternoon, the sections of Medicine, Surgery, and Public Medicine being held in the Mineral Water Hospital, and that on Obstetric Medicine in the Bluecoat School. In all the sections the presidents delivered opening addresses, although in one instance, that of Section E, Physiology, no papers were read on that day. The president of that section, Dr. J. G. McKendrick, gave his opening address at the Guildhall, on the subject of Physiological Acoustics. He commenced with a very lucid definition and description of sound, and contrasted the visual and auditory apparatus in their capacity to receive different vibrations. He described the characters of musical tones—viz., pitch, intensity, and quality; and, in conclusion, explained the construction of the phonograph and microphone. He said he had been instituting a number of experiments for the purpose of making the latter instrument useful in auscultation, but had not yet obtained very satisfactory results. The address was admirably illustrated with demonstrations.

A large number of members attended Section A, Medicine, where Dr. Grainger Stewart presided. His address dealt chiefly with recent advances in the pathology of kidney disease—viz., glomerulo-nephritis, first pointed out by Klebs in scarlatina, and the changes in the kidney recently discovered by Dr. Macdonald, of Edinburgh, in puerperal eclampsia. He also said that he thought it clearly proved that the interstitial changes in cirrhosis of the kidney were inflammatory, and not hypertrophic in nature, and said that it was now becoming generally accepted that in the fatty kidney the organ sometimes underwent a final stage of contraction and atrophy. The chief point of Dr. Stewart's address was, however, in connexion with the diagnosis of waxy kidney, in which he maintained that absence of dropsy, polyuria, scanty albumen and casts, were main elements in forming a correct diagnosis, the presence of the opposite conditions pointing to inflammatory renal complications.

Mr. JONATHAN HUTCHINSON then opened a discussion upon the Diagnosis and Treatment of the modes of Intestinal Obstruction. He first alluded to various conditions, such as acute peritonitis, the passage of gall-stones, or renal calculi, producing all the symptoms of acute obstruction. A careful and early attention to the history of the case was most essential in arriving at a correct conclusion. He then enumerated all the causes of occlusion, grouping them under the head of—(1) impaction of fæces; (2) intussusception; (3) internal strangulation by bands, &c.; (4) strictures. After an admirable summary of the chief points to which attention must be directed in forming a diagnosis, Mr. Hutchinson proceeded to give certain "memoranda as to treatment"—viz.: In all early stages, and in acute cases, abstain from giving food or medicine by the mouth. The abdominal examination should be made, if necessary, under anæsthetics; large enemata and taxis should be frequently given and applied. Insufflation of air was somewhat dangerous. Saline purgatives when fæcal impaction was the chief cause. Opium in proportion to pain, by rectum or hypodermically, and often with belladonna; otherwise it had better be avoided. When the diagnosis was uncertain he did not counsel opening the abdomen, but said that in some cases iliac enterotomy was advisable, and in cases of stricture of the large bowel, colotomy in right or left loin. He doubted the efficacy of acupuncture for the relief of distension, and thought it often dangerous. Lastly, he suggested that the earlier the case came under the supervision of the surgeon, when manifestly so much surgical manipulation and operation were necessary, the more direct advantage would be gained. He deprecated exploratory abdominal section (which he had never known to be successful in averting death), but strongly advised the "abdominal taxis." In intussusception, however, when other means failed, abdominal section should be had recourse to.—Dr. Long Fox, of Clifton, followed Mr. Hutchinson in a paper on the same subject, dwelling chiefly on the treatment of intestinal obstruction.—Dr. Norman Kerr related four cases of obstruction in which relief of symptoms was obtained after the administration of large doses of belladonna.—Dr. Markham Skerrett read a paper on the latency of symptoms in acute abdominal affections, in which he cited cases, including some of severe and fatal enteritis and ulceration of the bowel, characterised by entire absence of acute symptoms, and from which he had conduded that as a rule, if symptoms were in abeyance, the disease was either not acute, or if acute it was a disease no relievable by operation.—Dr. H. J. Haywood, of Pendeton, made some remarks on the treatment of intestinal obstruction.—The discussion was continued by Dr. Andrew of Shrewsbury, who related a remarkable case of cancerous stricture of the commencement of the colon close to the cæcum; Dr. Denton, of Leicester, who gave an instance of a gravid uterus causing temporary occlusion; Dr. O'Connor, of Cork, who referred especially to fæcal impaction; Dr. Clifford Allbutt, who pointed out that too much reliance should not be placed on the rate at which symptoms developed, for many cases of cancer of the bowel occurred when the symptoms came on acutely. Hypertrophy of the bowel and voluminous stools pointed to a chronic disease. He advocated gastrotomy in cases of internal strangulation, and thought some successful cases had occurred at Leeds; but he seemed less inclined to urge the operation in intussusception, and related a case of apparent spontaneous cure of a large intussusception. He had never seen any harm from puncture of the abdominal wall and bowel, which, however, was only a palliative measure.—Dr. Dyer, of Ringrood, mentioned lead-poisoning as a cause of chronic obstruction, and Mr. G. Brown referred to the part played by paralysis of the wall of the gut in causing obstruction.—Mr. G. S. Laurence urged the strict attention of patients to the rules prescribed for them, and deprecated the use of opium.—Drs. A. P. Stewart, Elliston, Totherick, and Broadbent also spoke, the

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latter mentioning a case of cancer of the sigmoid, in which death occurred from ulceration of the bowel and peritonitis, although colotomy had been performed in the right loin. A left colotomy might have saved life in this case.—Mr. Hutchinson briefly replied.

A preliminary pathological report was presented by Dr. Gowers on behalf of the committee appointed to investigate Hydrophobia and Rabies.

In the Surgery Section, the president, Mr. Callender, deferred his address until Thursday. Mr. Adams read a paper on Subcutaneous Division of the Neck of the Thigh-bone, with remarks on the results of the operation. Other papers read were by Mr. E. Owen on the Anatomy of Hip-joint Disease in Childhood; by Dr. Macnaughton Jones on Results of Treatment of Spinal Curvature by the Plaster Jacket and Suspension—an analysis of fifty cases, and remarks on morbus coxarius.

In the Obstetric Section the president, Dr. A. H. McClintock, of Dublin, gave the opening address, dealing with puerperal mortality, and urging greater accuracy in the mortality returns of such cases. Mr. Gmee, Dr. Routh, and Dr. Swayne read papers in this section.

The Public Medicine Section was occupied by papers on the Registration of Disease, by Mr. North; on Compulsory Notification of Infectious Diseases, by Dr. Seaton; and on the Filtration of Water, by Dr. Muter.

On Wednesday evening the members of the Association were entertained at a *soirée* at the Assembly Rooms, given by the mayor and citizens of Bath. The *soirée* was well attended, and was very successful.

The third general meeting, on Thursday morning, was occupied with the report of the Medical Reform Committee. Then followed the address on Surgery by Mr. Wheelhouse, of Leeds—an able review of recent progress in surgery. At 12.30 the special general meeting was held, to discuss the proposed alterations of the Articles of Association and bye-laws. Dr. Wade, as chairman of the committee, moved the new article, that no female shall be eligible for election as a member of the Association. Dr. Stewart seconded the motion. A rejection of the motion was proposed by Dr. Norman Kerr, and seconded by by Dr. Borchardt, who held that the Association might in a few years change its mind, and would again require to alter its articles.—Dr. Sissons supported the original motion on the ground that the Association should not lend its influence in support of the untried experiment of medical women. Mr. Husband followed on the same side, urging chiefly the difficulties in the way of discussing medical topics in presence of women.—Mrs. Garrett-Anderson held that the aim of the Association in the promotion of medical science and of fellowship could be only best served by recognising the fact that women were being educated as doctors, and asked whether the Association should continue to act in the spirit of its real objects, or, by passing the resolution, should branch off from its old traditions.—Mr. Barrow, of Ryde, said that the admission of women would be fatal to success on the highest ground of the promotion of science.—The Chairman then put the motion, which was carried on show of hands by a large majority. A poll was demanded, and much confusion followed, but Dr. Borchardt's good-humoured advice quelled the turbulence of the minority. The necessary alterations in the bye-laws were also passed.

THE INTERNATIONAL CONGRESS OF HYGIENE OF PARIS.

(From our Paris Correspondent.)

ON Thursday last, the 1st instant, the opening of the International Congress of Hygiene was formally celebrated in one of the halls of the Palais du Trocadéro. Of the various interesting assemblies organised in Paris in connexion with the Exhibition, the present one bids fair to be the most important and successful. The highest credit is due to the gentlemen who, encouraged by the success of the first congress of the kind held at Brussels two years ago, united their exertions and energies to institute a hygienic gathering worthy of this country and of the great occasion of the Exhibition.

Under the honorary presidency of M. Bouchardat, the professor of hygiene of the Paris Faculty, whose reputation in hygiene is world-wide, and the effective presidency of M. Gubler, the eminent professor of therapeutics of the same school, several commissions were formed for the purpose of establishing the future Congress, and centralised their discussions and proceedings in one of the pavilions of what remains of the Palace of the Tuileries, where the morning sittings of the Congress are now held. Whilst these commissions were occupied in selecting the six major questions to be brought before the Congress, and in writing their reports thereupon, other members of the committee were busy in spreading the announcement of the Congress, and gathering adhesions far and near from the authorities and learned bodies of their own and foreign countries, as well as from all whom they knew were interested in matters of hygiene. Amongst these latter members it is only an act of justice to mention the names of Dr. Lionville, the sympathetic deputy of the French Chambers, and vice-professor of the Paris Faculty; M. Trélat, the renowned architect and engineer of the City of Paris; M. Lacassague, the amiable and talented professor of the Val-de-Grace; M. Durant-Claye, and MM. Martin, Napias, Thevenot, and Dubuisson, the other secretaries, and who had acquired invaluable experience at the preceding Congress of Brussels. Thanks to the combined efforts of all concerned, the success of the present gathering is an exceptional and remarkable one. The names of more than a thousand adherents are inscribed on the lists. The Governments of almost all the European States have deputed delegates to represent them on this occasion. The chief sanitary institutes of various cities have done the same. Amongst the corporations, societies, and learned bodies who have delegates at the Congress I read the names of the Minister of War and the Senate of Belgium, the Municipalities of Turin and Buda Pesth, THE LANCET of London, the Sanitary Institute of Great Britain, the Dutch Government, the Ministry of War and Home Office of Russia, the Society of Hygiene of Alsatia-Lorraine, the Swedish Home Office, the Ministry of War of Roumania, &c. &c.

M. Teisserane de Bort, the Minister of Agriculture and Commerce, whose indefatigable and personal exertions have been so influential in promoting the success of the Exhibition, and of the various Congresses held in connexion therewith, took the chair, and in a short but very able speech pointed out the great importance and extensive bearings of this meeting, and declared the Congress to be open. He was followed by Dr. Gubler, who after some words of compliment to the address of Lieutenant-General Renard, Minister of War of Belgium and President of the Brussels Congress of Hygiene in 1876, insisted upon the valuable conquests of modern hygiene in the prophylaxis of disease, and upon the social aspects of sanitary science. Dr. Lionville, the Secretary-General, then read a remarkable report, summing up the various stages of formation of the Congress, and the programme of its forthcoming proceedings.

It was now the turn of some foreign orators. Professor Crocq, senator of Brussels, established a link between the Congress of Brussels and that of Paris, and drew an eloquent comparison between the horrors of war and the beneficial work of hygiene. Dr. Lory Marsh, secretary to the Sanitary Institute of Great Britain, congratulated the Congress in the name of His Grace the Duke of Northumberland. Professor Pacchiotti, of Turin, in a speech full of wit and wisdom, expressed the feelings of sympathy and friendship which united Italy and France. He dwelt on the hygienic aspects of his own city of Turin, and hoped that, thanks to the wonderful power of spreading knowledge of the French people, the present gathering would lead to the association of all sections of hygiene. M. Lacassegue, the second secretary-general, concluded with a report, in which he appointed the various attributions of the boards, and gave a list of the French committees.

The proceedings of the day ended in the nomination of the various presidents and vice-presidents of the several nationalities at the Congress. It will be of interest to state the names of the officials nominated. For Great Britain: Presidents, Dr. Chadwick and Dr. John Faure Miller; Vice-Presidents, Dr. Lory Marsh and Dr. Drysdale. Germany:

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President, Dr. Gunther; Vice-Presidents, MM. Finkelnburg and Krauss. Roumania: President, Felix; Vice-Presidents, MM. Cuire and Polychromi. Russia: President, Baron Maydall; Vice-Presidents, Councillor Strohm and Dr. Rauchfuss. Belgium: President, Senator Crocq; Vice-Presidents, MM. Boeckstael and Kuboen. Sweden: President, Laderkolm; Vice-President, Dr. Lamm. United States: Vice-Presidents, MM. Jenkins and Richardson. Holland: President, Van de Loo; Vice-Presidents, MM. Jager and Van Overbeck de Meyer. Italy: President, Professor Pacciotti; Vice-President, Prince Lancio di Broto. Egypt: President, Cobicci Pacha. Greece: Vice-President, Professor Bambas. Austria: President, Dr. Michaelis. Hungary: Vice-President, Dr. de Grosz. Spain: President, Velasco; Vice-President, Dr. Bansa. Japan: President, Masana Maeda.

The proceedings of the Congress have been arranged so as to occupy two sittings every day except on the three days which are devoted to excursions. The morning sittings are to take place at the Pavilion de Flore of the Tuileries. There will be three sections, each with a board; and in these sections papers from members will be read and debates carried on. The afternoon sittings are general ones. They are held in the Palais du Trocadéro, and will be occupied by the discussion of the six major questions appointed beforehand by the Congress.

These questions, following a sort of biological cycle, are the following:—1. Hygiene of new-born children; mortality of infants; means of diminishing it; nosocomial assistance, foundling asylums, &c. 2. On the contamination of water (by the products of industry and sewage, &c.) 3. On alimentary hygiene (means of stating the good quality of food for public consumption). 4. On the dwellings of the poor (houses and city dwellings for the working classes). 5. Professional hygiene (on the means of diminishing the inconveniences and risks attendant on the employment of certain materials in industry, such as mercury, lead, arsenic, &c.) 6. Prophylaxis of contagious and infectious diseases.

Three days will be employed in excursions, which are all of a very interesting character, and all directly connected with the questions of hygiene selected for investigation. Thus one day will be devoted to a visit to the model hygienic school known by the name of the Ecole Monge, and to the new model hospital of Ménilmontant, wherein M. Michel Moring and the Assistance Publique have realised all the more modern suggestions of sanitary science. Tuesday will be employed in visiting the fields of Gennevilliers, near Paris, where the members will be able to study practical utilisation of sewage matter, and, afterwards, in making an underground excursion to the marvellous sewage arrangements of the city of Paris. On Thursday, the 8th, there will be a general excursion out of town, as M. Menier, the great manufacturer, has convened the Congress to see his *fabrics* of chocolate at Noisiel, together with the dwellings, the sanitary farm arrangements, the school, and church he has organised for his workmen. This will certainly be the most pleasant of all the excursions, as M. Menier has a yacht for conveying his guests up the Marne to his place, and has provided luncheon for the party. The members of the Congress will enjoy a little fresh air and country convivialities in the midst of their labours.

On Sunday last the public dinner came off at the Hotel Continental. The large and sumptuous saloon of this new hotel was most elegantly ornamented for the occasion, and more than two hundred guests sat down to dinner. M. Gubler presided at the dinner, and inaugurated the series of toasts with a few words in his usual fluent and felicitous manner. He was followed by many other orators, who all expressed the warmest feelings of sympathy for France, and their best wishes for the success of the Congress. Amongst these I may mention Mr. Chadwick, who expressed his opinion that the criterion of a civilised society was the prolongation of human life, and that this highest desideratum of all could be easily attained. He concluded with some warm expressions of courtesy in regard to France, to which Dr. Gubler responded by saying that he was glad that such an authority had stated that France was the link amongst nations. Other able or witty speeches and toasts were given by Baron Maydall, MM. Lancia di Broto, Finkelnburg, Felix, Crocq, Thulier, Richardson, Polychromi, &c. But I fear I have already exceeded the space which can be given me for this first article, and reserve for my next letter an account of the proceedings and excursions of the Congress.

Paris, August 7th.

Correspondence.

"Audi alteram partem."

THE CASE OF DODWELL.

To the Editor of THE LANCET.

SIR,—I must request the immediate contradiction of a statement which appeared in your last issue respecting a money guarantee in the case of the Rev. Mr. Dodwell. Your correspondent remarks, upon apparently no authority beyond his own, that no such guarantee was ever suggested. As I was the first to make this proposition public through the columns of *The Times*, I must, in justice to myself, draw your attention to the paragraph.

In consequence of a question put to me at the Home Office in the presence of Dr. Winn, I inserted a letter in *The Times*, stating that I had been informed at the Home Office that the authorities were prepared to accept a money guarantee for the liberation of Mr. Dodwell as a security against any further breach of the peace.

As a result of this letter I have received various contributions, which I at present hold in trust, should the Home Office name the proposed sum. If, however, they alter their previous decision, the money will either be returned to the donors or go to assist in the support of the wife and children, now nearly reduced to penury.

I am, Sir, your obedient servant,

L. S. FORBES WINSLOW.

Cavendish-square, W., August 6th, 1878.

To the Editor of THE LANCET.

SIR,—I beg to refer to a statement in your last issue respecting the case of the Rev. Mr. Dodwell. You state:—"The reply of the Secretary of State for Home Affairs disposes, as we assumed it would, of the absurd statement that Dodwell is retained in custody pending the provision of monetary guarantees for his good conduct. The assertion violated every consideration of common sense, and was altogether incredible." As this remark reflects on the veracity of those gentlemen who were in communication with Mr. Cross, with a view of obtaining Mr. Dodwell's liberation, I must beg that you will at once publish this letter to acquaint your readers with the true facts, which are as follows:—Some time since Dr. Forbes Winslow and myself called at the Home Office, and Mr. Mackonochie asked if Mr. Dodwell's friends would become security for his peaceful behaviour if he were released, and we answered in the affirmative. A letter which I received from Mr. Cowen, M.P., not long since, contained a statement that this gentleman had been informed by Mr. Secretary Cross that Mr. Dodwell was likely soon to get his liberty. This was before Dr. Gover had seen him, whose report is still a secret.

I have also to request that you will correct a misstatement that appeared in your journal some weeks since, and which was likely to damage the reports of Dr. Forbes Winslow and myself. You said our professional services were voluntarily rendered. This is untrue; we were asked by the friends of the prisoner to visit him. It is true we refused to accept fees which were offered to us, understanding that Mr. Dodwell was in straitened circumstances, but if we had volunteered, our services could not have been on that account untrustworthy.

I am, Sir, your obedient servant,

Harley-street, August 6th, 1878. J. M. WINN, M.D.

To the Editor of THE LANCET.

SIR,—You seem to throw doubt on the statement that a money guarantee had been asked for the future good behaviour of the Rev. Mr. Dodwell. As his representative, allow me to state that, early in May, Mr. Mackonochie, the chief of the criminal department at the Home Office, first asked me if we were prepared with a money guarantee. Since then other friends have asked me the same question.

I am, Sir, yours &c.,

JOHN BRAY.

"Ecclesiastical Art Review," Fleet-street, London, August 6th, 1878.

PHYSICAL TRAINING FOR THE ARMY.

To the Editor of THE LANCET.

SIR,—It will be well if the excellent article in THE LANCET has any effect in preventing the introduction of a competitive physical examination in addition to the already existing subjects of examination for admission to the Royal Military Academy. My long and varied intercourse with, and observation of, growing boys, convince me that, however fair such a proposition may be on the first glance, yet it is very likely, as you justly observe, to be "very prejudicial to boys of the age of sixteen or seventeen." I have no hesitation in saying that three out of six of average lads, if they went into training at these ages to train up to the maximum points, would utterly break down.

The attempt to combine severe physical training with the amount of brain-work that is required for a creditable entrance to the Royal Military Academy must inevitably lead to the loss of many excellent fellows to the service who could not combine excessive intellectual with excessive physical strain. The true course to pursue is to encourage, and even to enforce, active athletic games out of doors as far as the frame will bear such exercise. In doing this you strengthen the frame, while the nervous power is increased and invigorated.

Boys who come here weak, and who at first are unfit for out-of-door exercise, by careful handling grow up strong and powerful fellows, who carry off prizes in every variety of games. If such boys had gone into regular training at almost any period of their young life they would have failed all round. In the few instances in which school-boys have submitted to regular training I have often noticed the most disastrous consequences to follow.

I am, Sir, yours truly,

WALTER FERGUS, M.D.

Marlborough College, August 6th, 1878.

ON THE USE OF CARBOLIC ACID IN SMALL-POX.

To the Editor of THE LANCET.

SIR,—I was glad to read Dr. Lowe's excellent and practical comments on this subject in your issue of Saturday last, not only as detaining professional attention for the moment upon the abortive treatment of small-pox, but also as showing that carbolic acid has actually been used externally with advantage for this purpose, though not quite in the manner suggested by myself. A reference to Dr. Neale's Digest, lately published by the New Sydenham Society, will further show that this remedy has been proposed or tried externally by others. But I believe it has always been so proposed or used, not by the insertion of the acid *into* the progressing papule, but by smearing it over the whole face or other portion of the affected surface. Where the eruption is confluent (which possibly it would never be if the carbolic acid were applied in time), and where sufficient time cannot be given, perhaps this may be the only practicable plan; but where it is otherwise, or where the eruption is discrete, or where it is a great object to avoid pitting, there, I think, the method I have suggested would be far more satisfactory and thorough.

The influence of concentrated carbolic acid upon low types of life, such as the contents of pimples or pustules, is really very remarkable, and a very minute quantity is sufficient to destroy the vitality of these; but, as I have stated in my lecture, my experience shows that active contact of the acid with the germs is essential. Illustrations of this action may be obtained any day by the insertion of a minute quantity in solution into the apex of any festering pimple—such, e.g., as the vesicle of a threatened boil—which will at once shrivel up or abort under its influence.

The quantity that need be used is very minute. One grain of carbolic acid dissolved in the smallest quantity of glycerine, and used with a quill pen, is sufficient for several papules, and therefore not only is there, with this method, no risk of using an undue quantity, but there is no interference with the integrity or hardening of the surrounding skin, such as is mentioned by Dr. Lowe.

Dr. Lowe not only states his confident belief that the application of the acid, even when smeared over the skin, checks the variolous pustulation with its pitting, but he also agrees with me in thinking that this must necessarily have the effect of diminishing the maturative fever, and so the probable mortality of the disease. Now it is quite certain that small-pox is not ordinarily and generally treated by the application of this acid, but if its effect is so beneficial, surely it is the duty of the profession systematically to adopt its use. And though the insertion method may be tedious, yet the labour would be well repaid if it served to diminish the fatality of the disease, and at the same time to rob it of much of its loathsomeness and horror.

Your obedient servant,

PETER EADE, M.D. Lond., F.R.C.P.

Norwich, August 5th, 1878.

To the Editor of THE LANCET.

SIR,—Dr. Eade, of Norwich, in a lecture published in THE LANCET of June 29th, states that he is not "aware that carbolic acid has ever been fairly tried" as an application to small-pox pustules.

When I had a charge in the temporary Small-pox Hospital of Liverpool during the epidemic of 1870, all the confluent and other severe cases had their faces and hands painted with a mixture of carbolic acid, glycerine, and oxide-of-zinc ointment. The prescription was that of my colleague, Dr. R. Robertson, who took minute and interesting notes of his cases. The ointment was freely and repeatedly painted with a soft camel-hair brush, and had the most beneficial effect. No pits were left after its application.

Dr. Robertson could, by publishing some of his notes, give most interesting and useful information upon this and other matters.

I am, Sir, your obedient servant,

July 29th, 1878. THORBURN PATERSON.

P.S.—I had written the above at the beginning of the week, but neglected to post my note, and was only reminded of it by Dr. Lowe's letter in to-day's LANCET. Dr. Lowe states that he has had comparatively few severe cases to treat. In the Liverpool epidemic we had scores, I may say hundreds, of the very severest cases under treatment. It would therefore be all the more interesting and instructive if Dr. Robertson's notes were published. I do not like to commit my experience to publication without the aid of notes taken at the bedside; and so I leave it to my former colleague, who took notes, to relate his experience in the treatment of small-pox, particularly with regard to the use of carbolic acid.

August 3rd, 1878. T. P.

WOUND OF THE SOFT PALATE, FOLLOWING A FALL ON BACK OF HEAD.

To the Editor of THE LANCET.

SIR,—The following case is, I think, worthy of a space in your columns:—

On July 2nd, about 9.30 P.M., I was sent for into the country to an accident. On my arrival I found a little girl, eight years old, lying, in a partially unconscious state, in a woman's lap, bleeding from nose and mouth. The eyelids and the conjunctiva of the left eye were ecchymosed; the face, neck, and upper part of chest emphysematous. The child had been sick twice. There was a swelling over the occiput. On examining the mouth, I found a wound in the palate extending from the uvula forwards in the median line to within half an inch of the incisor teeth, from which blood freely flowed. I could detect no fracture of the palatal bones. The hæmorrhage was arrested with the tincture of iron styptic. I gave instructions for the child to be placed in bed with the head high, wet rags to the bruised parts, and a little cold brandy and water to be sipped occasionally.

On visiting the child the following morning I was told that she passed a restless night, and had been sick once, bringing up the blood she had swallowed. I now decided to stitch up the wound in the palate, which I did after a little trouble, with the assistance of a couple of women, by inserting four interrupted sutures of waxed silk. I put the

child on a milk and beef-tea diet. Upon further examining the child I could detect no fractured rib; but the whole front of the neck was deeply ecchymosed; so was the chest a little above the ensiform cartilage.

July 24th.—The wound of the palate is entirely healed, and the child appears none the worse for the injury. The accident happened thus: the child, with others, was playing with a market-cart by the road-side, she hanging on behind, the others alternately lifting and depressing the shafts, giving the child a ride see-saw fashion. When the shafts were in the air the youngsters suddenly let go, allowing the cart to tip, thus throwing the child to the ground with great force on the back of her head, the cart coming with its weight across her chest. Nothing entered the child's mouth, nor had she anything in it at the time of the accident.

Now, as to the *rationale* of the operation of the cause of the lesion, I believe that the child's head coming into violent contact with the ground, together with the weight of the cart across her chest, caused such a violent concussion of the head as to give rise to rupture of the palate by a kind of *contre-coup*, and at the same time, although I could not detect it, some lesion of the trachea, or of the lung in the vicinity of the anterior mediastinum, giving rise to the emphysema. I may mention that there was no pneumothorax.

I am, Sir, yours, &c.,

Cardiff, July 29th, 1878. FRED. EVANS, M.B.

OPERATION FOR UNUNITED FRACTURE OF PATELLA.

To the Editor of THE LANCET.

SIR,—In reference to my case of ununited fracture of the patella published last week, permit me to state that Dr. Neale, of St. John's-wood, has called my attention to the fact that the operation of cutting down upon the fragments of a broken patella and tying them together by silver sutures was performed in the year 1861 by Professor Cooper, of San Francisco. A description of the operation is given in the *Medical Times and Gazette*, vol. ii. for 1861, p. 467. It is clear, however, that this proceeding was adopted for recent fractures, no allusion whatever being made to the treatment of such a case as I described.

I was not at all aware that such an operation as was described by Professor Cooper had been adopted. I had not heard of any such measures for this particular fracture before my colleague, Professor Lister, executed his operation in King's College Hospital last autumn.

I am, Sir, your obedient servant,

Wimpole-street, August 7th, 1878. HENRY SMITH.

CASE OF SUBCORACOID DISLOCATION OF THE HUMERUS CAUSED BY SNEEZING.

To the Editor of THE LANCET.

SIR,—The following case may, perhaps, be deemed worthy of record in your columns.

W. R——, aged thirty-six, a publican, presented himself at my surgery on the evening of July 6th, 1878. On examination he was found to be suffering from a subcoracoid dislocation of the humerus. I learnt from him that whilst standing behind the counter in the vault with his left arm extended laterally on a level with the shoulder-joint, the forearm pronated, and the palm of the left hand resting loosely on the taps of the spirit receptacles, a customer offered him a pinch of snuff, which he took, and almost immediately sneezed violently; at this moment he felt, as he said, his left shoulder slip out of place.

I placed him on his back on a couch, and, with my heel in his axilla, reduced it readily in the ordinary manner with a moderate amount of force. I had the aid of my assistant, Mr. J. H. Pettinger, surgeon.

In the position in which this patient's arm was resting the deltoid and biceps muscles would be relaxed, and in the act of sneezing the pectoralis *major*, pectoralis *minor*, and latissimus dorsi muscles would be brought suddenly into contraction; hence the dislocation. This man's muscles were well developed, but felt somewhat soft and flabby; he had never previously suffered from a dislocation of the shoulder.

I have thought the case interesting and worth recording, never having heard of a dislocation of the shoulder being caused by muscular contraction in the act of sneezing, though, perhaps, others of your readers may have seen or read of similar cases.

Your obedient servant,

JOSEPH WESTMORLAND, M.R.C.S.

Cheetham, Manchester, July, 1878.

MORTALITY IN PAUPER SCHOOLS.

To the Editor of THE LANCET.

SIR,—The writer of the article on this subject in your issue of the 27th ult. (which I saw only last evening) doubts if the figures resulting from his inquiry give the *true* death-rate of the inmates of this school, as children suffering from infectious diseases are removed to the hospitals of the Metropolitan Asylums Board for treatment, and, should death follow the removal, no record is kept in the school of such decease.

This assertion is perfectly true, but the addition to be made to the Return for the period over which the inquiry extends is so very trifling that no appreciable difference would have to be made in the figures to express the exact death-rate. In the year 1875 we had a violent outbreak of scarlet fever, and 45 children were removed from the school to the Metropolitan Asylums Board Hospital at Homerton. Of the whole number, only *one* child, a delicate infant of six years of age, died. This is the death which should be added to make the death-rate exactly correct.

Had the inquiry embraced the years 1872-3-4 and 5, only *one* death in those four years would have appeared as having occurred here.

I hope, Sir, the above particulars with reference to my children will prove satisfactory to the author of the article, and will induce him to form a favourable opinion of the health of the inmates of this school.

I am, Sir, your obedient servant,

J. CORNISH, Superintendent.

St. Mary, Islington, Workhouse School, Hornsey-road, N., August 6th, 1878.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 1st inst.:—

Blott, Herbert, L.S.A., Bassingbourne.
Castle, Hutton, L.S.A., Newport, Isle of Wight.
Charnley, William, M.D. Cantab., Lancaster.
Cocksedge, C. Ernest, L.S.A., Clapton-park.
Hepburn, Alfred, L.S.A., Upper Bedford-place.
Marsh, J. Henry, L.S.A., Greenhithe.
Michael, H. James, L.S.A., Colchester.
Prothero, John, Surbiton.
Schön, Henry, Chatham.
Wood, Charles, L.S.A., Trinity-square, S.E.
Young, Arthur, L.S.A., Hawkhurst.

Of the 195 candidates examined during the past fortnight, 115 passed to the satisfaction of the Court and obtained their diplomas; 12 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 68 failed to reach the required standard, and were referred for six months' further professional study. Six candidates who had passed in Surgery at previous examinations, having subsequently obtained a medical degree or licence recognised by the College, were also admitted Members. This is the last examination for the present session.—The library and museum will be closed as usual during the month of September for the necessary repairs, cleaning, and dusting.

[The name "Wainwright, R. Spencer," in the list of gentlemen who passed the examination for the Membership of the College on the 26th ult. should have been—Wainewright, R. Spencer.]

BRITISH MEDICAL SERVICE.—The following is a list of candidates for commissions as Surgeons in this Ser-

vice who were successful at both the London and Netley examinations held on Aug. 5th:—

	Marks.		Marks.
*A. J. Landon	4514	J. C. MacNeece ..	3017
J. Stevenson	4450	M. D. O'Connell ..	3010
W. L. Lane	3750	H. J. Nead	3005
W. P. Feltham ..	3598	A. S. W. Young ..	2965
J. L. Ritchie	3595	A. Harding	2957
W. Leah	3546	J. J. Falvey	2945
P. J. Dempsey ..	3512	J. P. Dowman	2930
K. S. Wallis	3445	H. R. O. Cross	2887
J. W. H. Flanagan	3402	C. Seymour	2877
O. E. P. Lloyd ..	3331		

* Gained the Prize in Military Surgery.

INDIAN MEDICAL SERVICE.—The following is a list of candidates for commissions as Surgeons in this Service who were successful at both the London and Netley examinations held on Aug. 5th:—

	Marks.		Marks.
†J. J. Mullen	5811	G. M. Nixon	4553
‡E. Cretin	5498	D. P. Wartiker	3971
§A. Duncan	5003	T. E. Morgan	3877
T. H. Pope	4778	J. J. Moran	3762
G. P. Nicholson ..	4610	F. C. Smith	3767
A. Hemsted	4576	C. Monks	3753
G. A. Cones	4545	P. J. Damania	3718
S. F. Digger	4545	G. H. Ball	3700
D. A. Gomes	4319	W. A. Quayle	3695
R. Pemberton	4315	J. H. Earle	3625
G. S. Robertson ..	4315	F. F. MacCartie ..	3485
J. S. Blake	4273	C. U. Carruthers ..	3480
J. E. Walsh	4144	H. Armstrong	3225

† Proceeded to India, having passed through a Netley course before, and gained the Herbert Prize of his session in 1877.
‡ Gained the Herbert Prize and the Marth Memorial Medal.
§ Gained the Parkes Memorial Bronze Medal.

NAVAL MEDICAL SERVICE.—The following is a list of candidates for commissions as Surgeons in this Service who were successful at both the London and Netley examinations held on Aug. 5th:—

	Marks.		Marks.
A. W. May	4592	F. A. Trevan	3617
A. J. J. Johnston ..	4380	J. A. Vasey	3232
A. L. Roe	4275	J. O. B. Williams ..	3210
J. F. O'Donnell ..	3945	S. Keays	2761
E. R. H. Pollard ..	3898	H. G. Daniel	2701
F. M. Geoghegan ..	3726		

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 1st:—

Davies, David Samuel, Bristol.
Graves, Thomas William, Leominster.
Hammond, Thomas, Whitehaven.
Ward, George Smith, Stevenage, Herts.

The following gentlemen have passed the Primary Professional Examination:—

James Higson, Wm. Thos. Jackman, and John Whiting, St. Bartholomew's Hospital; Frank Wm. Marlow, St. Thomas's Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At examinations held on July 22nd and following days the following gentlemen obtained the licence in Surgery of the College:—

Frederick A. Barrington, Robert A. Browne, John J. Burges, Julio P. Bourke, Edward Butt, George M. Dartnell, Yelverton Dawson, Constantine R. Egan, James Fennell, William Fennelly, William E. Fitzgerald, Wm. H. Fitzmaurice, Henry S. Gabbett, Hugh Harris, Alsopp Harty, William F. Hefferman, Henry L. Hoops, Edward C. Hynes, Jas. B. Jacobs, Edmund Henry Lindsay, Murray Mackenzie, Joseph E. M'Cracken, John E. J. Moffit, John P. Moran, Edward Morrisey, James O'Dwyer, William H. Ogden, Francis C. Reeves, Richard H. Symes, George E. Twiss, Vincent S. White.

PRESENTATIONS.—Mr. Burroughs, surgeon, was presented, on leaving the neighbourhood, with a handsome and unsolicited testimonial by the board of guardians of the Bridgwater Union, and by the people of the district with a clock and inkstand.—Dr. Richard Greene, medical superintendent of the East Riding Lunatic Asylum, Beverley, having been appointed to the Northamptonshire Asylum, Berry Wood, has been presented with an illuminated address and a gilt drawing-room timepiece by the officers and staff of the former institution.

APOTHECARIES' HALL OF IRELAND.—At the annual meeting of the General Council held on the 1st inst. the following were elected office-bearers for the ensuing year:—Governor: Henry Palmer Nolan. Deputy-Governor: John Evans. Directors and examiners: Edward Howard Bolland, Thomas Collins, Arthur Harvey, Charles Holmes, Charles H. Leet, Charles F. Moore, R. Montgomery, J. O'Flaherty, Edward J. O'Neill, George B. Owens, John Ryan, James Shaw, George Wyse. Examiners in Arts: John Moore, Edward Collins. Representative on the General Medical Council: Charles H. Leet.

Medical Appointments.

ALEXANDER, J., L.R.C.S.Ed., has been reappointed a Medical Officer and Public Vaccinator for Leslie, Fifeshire.

ASHBY, H., M.B., M.R.C.S.E., has been appointed Physician to the General Hospital and Dispensary for Sick Children, Pendlebury, Manchester, at £300 per annum, vice Neill, resigned.

BARKER, Annie E., M.D., has been appointed a Physician to the Birmingham and Midland Hospital for Women.

BRICKWELL, B. A., M.R.C.S.E., has been reappointed Medical Officer of Health for the Amersham Rural Sanitary District, at £100 for one year.

BROCKLEHURST, T. H., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for Matlock, vice Wheler, resigned.

BROWNING, B., L.R.C.P.I., M.R.C.S.E., has been appointed Medical Officer of Health for Rotherhithe, and Medical Officer to the R Division of Metropolitan Police.

CLARK, Miss A. E., has been appointed House-Surgeon to the Birmingham and Midland Hospital for Women, vice Barker, appointed a Physician.

COX, W. A., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Banstead District of the Epsom Union, vice Bosworth, resigned.

DIXON, J. D., M.B., M.R.C.S.E., has been appointed Senior House-Surgeon to the Newcastle-on-Tyne Infirmary, vice Hobson, resigned.

FRASER, A., M.B., C.M., has been appointed a Demonstrator in Anatomy at Owens College, Manchester.

GOGARTY, H. A., M.D., has been appointed a Physician to the Kent and Canterbury Hospital.

GORNALL, R. G., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Newton-heath Urban Sanitary District, Lancashire, at £50 per annum.

GREENWOOD, M., M.R.C.S., L.R.C.P.L. (late House-Physician), has been appointed House-Surgeon to the London Hospital.

HAY, H. D., M.B., C.M., has been reappointed a Medical Officer and Public Vaccinator for Leslie, Fifeshire.

HOWDEN, T., M.D., L.R.C.S.Ed., has been appointed Superintending Medical Officer to the Haddington District Lunatic Asylum, vice T. Howden, jun., M.D., deceased.

MAUNSELL, J., M.D., L.R.C.S.Ed., has been appointed Medical Officer for the No. 2 District of the Bath Union, vice Cameron, deceased.

MATHEW, C. H., L.R.C.P.L., M.R.C.S.E., has been appointed temporary Medical Officer to the Pentonville Convict Prison, vice Clarke, appointed to Millbank.

MOXON, W., M.R.C.S.E., L.R.C.P.Ed., & L.M., has been appointed Medical Officer and Public Vaccinator for the Matlock District of the Bakewell Union, vice Wheler, resigned.

OULTON, H. W., M.D., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Ballickmoyler and Newtown Dispensary District of the Carlow Union, at £120 per annum and fees, vice MacDowell, appointed to the Baltinglass Dispensary District of the Baltinglass Union.

PRIESTLEY, C. E., L.R.C.P.Ed. & L.M., M.R.C.S.E., has been reappointed Medical Officer of Health for the Halstead Urban Sanitary District, Essex, at £25 for one year.

RICHARDSON, C. H., L.R.C.S.Ed. & L.M., has been appointed Medical Officer and Public Vaccinator for the Hawes District of the Aysgarth Union, Yorkshire, at £40 per annum and fees, vice Allen, resigned.

SIBBALD, J., M.D., F.R.C.P.Ed., has been appointed a Commissioner in Lunacy for Scotland, vice Coxe, deceased.

SMITH, Dr. F. F., has been appointed Medical Officer and Public Vaccinator for the Parish of Glenelg, Inverness-shire, until November, vice Maclean, resigned.

SMYTH, A. C. B., M.R.C.S.E., L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.L., & L.M., has been appointed House-Surgeon to the Brighton and Hove Lying-in Institution and Hospital for the Diseases of Women and Children, vice Harvey, appointed Resident Medical Officer to the London Fever Hospital.

THOM, Dr. A., has been appointed House-Physician to the Bradford Infirmary and Dispensary, vice Sandes, resigned.

TWORT, W. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Royal Albert Orphan Asylum, Collingwood Court, near Bagshot, Surrey.

URQUHART, A. J., M.B., C.M., has been appointed Medical Officer to the Prison, and to the Combination Poorhouse, Kirkcudbright, vice Shand, resigned.

WEAR, A. T., M.R.C.S. & L.R.C.P.L., has been appointed Assistant-Physician to the Children's Hospital, Newcastle-on-Tyne.

WILMOT, T., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed Dispensary Surgeon to the Bradford Infirmary and Dispensary, vice Atkinson, resigned.

BOOKS ETC. RECEIVED.

Dr. H. Von Ziemssen: Cyclopædia of the Practice of Medicine.
G. W. Wigner, F.C.S., on Seaside Water.
Statistical Tables.
Giornale Internazionale delle Scienze Mediche.
Testimonies to the Efficacy of Hydropathy in the Cure of Disease. By R. Metcalfe, F.S.S.
Transactions of the Medical Society of the District of Columbia.
Health Lectures for the People.
Popular Science Monthly.

Births, Marriages, and Deaths.

BIRTHS.

DRAPES.—On the 4th inst., at Enniscorthy, the wife of Thomas Drapes, M.B., of a son.

EVANS.—On the 28th ult., at Hertford, the wife of Ernest R. Evans, of a son.

EWART.—On the 3rd inst., at Limefield House, Cheetham-hill, Manchester, the wife of John Henry Ewart, of a daughter.

HARLEY.—On the 3rd inst., at Saffron Walden, the wife of Edward Harley, L.R.C.P.I., of a son, still-born.

MURRAY.—On the 2nd inst., at Walmer, the wife of George Bell Murray, L.R.C.P.Ed., Surgeon R.N., of a daughter.

SANDILAND.—On the 27th ult., at Southgate-road, the wife of A. H. Sandiland, M.R.C.S. & L.R.C.P.L., of a daughter.

SHELDON.—On the 3rd inst., at Cornwall-road, Notting-hill, the wife of Thomas Sheldon, M.D., of a daughter.

MARRIAGES.

PHILLIPS—NASH.—On the 3rd inst., at St. James's Church, New Brighton, Edward J. Montagu Phillips, M.R.C.S., of Rodney-street, Liverpool, only son of the late Montagu Lyon Phillips, of Brighton, Sussex, to Irma Howard, second daughter of James George Nash, Esq., F.R.C.S., formerly Colonial Surgeon of South Australia. No cards.

WOLLASTON—HANNAM.—On the 1st inst., at Dorchester Abbey, Oxon., by the Rev. A. Hannam, M.A., Vicar of Diddington, Huntingdonshire (brother), assisted by the Rev. A. Goldney, M.A., Prebendary of Wells and Rural Dean, and Vicar of East Pennard, Somerset (uncle of the bride), and the Rev. W. C. Macfarlane, M.A., Vicar of the Parish, T. Gulston Wollaston, M.D., of Liverpool, to Eleonora Maria, daughter of Henry J. Hannam, Esq., of Burcote House, Oxon., and Northbourne Court, Kent.

DEATHS.

BARKER.—On the 3rd inst., at Hungerford, Berks, Richard Hemsted Barker, M.R.C.S.E., aged 68.

BURNUP.—On the 5th inst., at Derwent-place, Newcastle-upon-Tyne, Martin Burnup, M.D.

IRELAND.—On the 26th ult., at Linton, Edward Ireland, M.R.C.S.E., aged 40.

LAWTON.—On the 16th ult., on board the *Taymouth Castle* (homeward-bound), Dr. Joseph Lawton.

PARRATT.—On the 31st ult., at Victoria-road, Charlton, James Edward Thomas Parratt, M.R.C.S.E., Inspector-General, Army (on half-pay), aged 71.

PATTULLO.—On the 2nd inst., at The Manse, Parton, N.B., William Pattullo, M.D., Staff-Surgeon, R.N., aged 40.

ROSS.—On the 2nd ult., at Nowgong, Bundercund, Richard Edmund Ross, L.K.Q.C.P.I., Surgeon, 20th Madras Infantry.

YOUNG.—On the 29th ult., at Olney, Bucks, Henry Young, Surgeon, aged 58.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

A Young Member.—The following was the distribution of the members of the Court of Examiners at the last examination for the diploma of Member of the College of Surgeons:—The Chairman, Mr. Holden, Senior Vice-President of the College, was associated with Mr. Le Gros Clark, F.R.S., at table E; Messrs. W. S. Savory, F.R.S., with Mr. Cooper Forster, at table A; Messrs. T. B. Curling, F.R.S., and T. Holmes, at table B; Mr. J. E. Erichsen, F.R.S., Vice-President of the College, and Dr. Murray Humphry, F.R.S., at table C; and Messrs. J. Birkett, and John Marshall, F.R.S., at table D.

Mr. Sheppard.—We cannot name a particular surgeon.

HERPES ZOSTER.

To the Editor of THE LANCET.

SIR,—As an occasional occurrence of those forms of herpes having a nervous origin, we find the eruption followed by a prolonged and severe neuralgia. In the case of herpes frontalis this has been relieved, when all the drugs known or thought to diminish pain have been tried, by section or excision of the affected nerve; but the suffering of herpes zoster, which I understand to be rarely so severe that ordinary remedies fail to comfort, is incapable of such palliation. In the case which is the cause of placing this letter before you, the pain has lasted for at least eight weeks since the eruption disappeared, and is of so severe a character that the patient has hardly any rest night or day. It extends over a larger area than that affected by the eruption, and is accompanied by marked hyperæsthesia of the whole of one side of the thorax. I might add that this case has been from the first both locally and constitutionally a very severe one. Before the attack the patient's health had been greatly impaired from continued and excessive worry. There is, besides, a distinct history of exposure to cold a day or so before the onset of the disease. The patient is sixty-two years of age. I have administered the following drugs:—Opium, belladonna, cannabis indica, chloral, valerianate of zinc, arsenic with iron, and bromide of potassium, but without success, and should therefore be glad to hear of any remedy your readers will suggest. Yours truly,

Finborough-road, S.W., July, 1878. T. F. PEARSE, M.D.

VIVISECTION.

WE commend for perusal the following advertisement, which appeared in *The Times* of the 3rd inst, in case any of the "Faculty" may be disposed to accept the "*humble*" invitation:—

"VIVISECTION.—Many persons having expressed their determination to call in the aid of such medical men only as are opposed to the practice of vivisection, a book has been opened at this office for the purpose of receiving the names of such practitioners, whether in London or the provinces, so that the friends of the anti-vivisection movement may know to whom to apply in case of sickness. The faculty are humbly invited to send their names and addresses to 25, Cockspur-street, London. It is understood that the register is not intended for publication, but for reference only. About 150 names are already on the list.

"International Association for the Total Suppression of Vivisection, 25, Cockspur-street, Charing-cross, S.W., 1st August, 1878."

L.S.A. 1833.—The Bill has been abandoned for the present. The movement in question had better stand over till the measure reappears and becomes law.

"NOISES AT NIGHT."

To the Editor of THE LANCET.

SIR,—I was very much pleased to read your excellent observations in last week's LANCET on the subject of the noises in our streets at night. It was only a few days since I contemplated writing to you on this momentous evil, but was prevented by indisposition. I have been directing the attention of the police to this for years, and, on remonstrating with them, I am informed the magistrates will not convict. I allude more particularly to the cases of the drunken men and women, shouting at the top of their voices the whole length of a street, disturbing those who would sleep, and who require rest, and painfully affecting the sick poor among whom we work. I am constantly applied to on this growing nuisance. Surely amongst measures for sanitary reform this takes a very high and important place. In my experience I find insomnia one of the most fruitful causes of disease. We know how valuable is rest from 10 or 11 P.M. to 3 or 4 A.M. if we can get into a thorough good sound sleep undisturbed; but, if that rest is broken, the body becomes enfeebled, and the mind irritable and unfit for duty. How much greater must be the evil in its operation on the suffering afflicted ones, whose good it is our duty to promote in every possible way. I have succeeded after some time in getting a constable placed at a centre of noise, and the effect has been good, but I fear it will not last unless this matter have a thorough ventilation.

I hope, Sir, you will publish your useful and pertinent remarks in every public paper. Yours faithfully,

WM. HALL TURNER.

Bermondsey-square, Southwark, August 5th, 1878.

To the Editor of THE LANCET.

SIR,—I rejoice to find that you have in one of your leaders to-day referred to the subject of "noises by night." With every word you have written every medical man must heartily agree. There is one point not directly noticed in your journal. I mean the hideous screams of steam-whistles at midnight and in the early morn at our stations. During the summer, even when the days are at the longest, when the light is good, when very few trains are arriving, if any, when the intense heat compels one to sleep with the bedroom window open, these yelling, howling whistles every now and then, three or four times in succession, send forth their startling blasts, and "murder sleep." I am certain that if trains, as on the Continent, can be started safely and more conveniently by means of the electric bell, nine-tenths of the shunting and general night-work at the stations (whatever it may be) might be carried into effect in the same quiet manner. It is scarcely necessary to add that if to those who are in health these unearthly steam barkings and growlings are a pest and a nuisance, to those who are sick to death they are intolerable and murderous. Yours &c.,

York, August 3rd, 1878. J. H. NANKIVELL.

Mr. Fraser is thanked. Our attention had been called to the matter before. It is deplorable, but comment would aggravate the evil by giving it greater publicity.

THREE INFECTIOUS DISEASES CO-EXISTING IN ONE PATIENT.

To the Editor of THE LANCET.

SIR,—In May last I was called to attend the pupils of a school near Hyde-park, who were suffering from an epidemic of mumps. One of the scholars was attacked at the same time with whooping-cough. During the third week of the attack he was seized with swelling of the parotids, which lasted ten days, the cough not being apparently altered in its character. Soon after recovery from the active stage of the mumps, and before the parotidean swelling had passed away, a copious eruption of varicella broke out all over the body, being preceded by great lassitude and general malaise, though not sufficient to confine the lad, ten years old, to bed. After the eruption appeared, although the cough had but slightly diminished in severity, and the mumps still existed in the system, the lad was cheerful, with fair appetite, and, in fact, appeared little the worse for his three diseases. At the present date he is well, and in better health than he had been for some time previous to his illness. Yours &c.,

RICHARD NEALE, M.D. Lond.

Boundary-road, St. John's-wood, July 20th, 1878.

"STIMULANTS IN THE TREATMENT OF PNEUMONIA."

To the Editor of THE LANCET.

SIR,—In Dr. Waghorn's letter on the above subject, in your last issue, I should like to know if the most remarkable difference in the morning and evening temperature of Jan. 26th is to be attributed to the stimulants given. If so, I, for one, will be tempted to abstain from ordering them in the future. Yours truly,

Worthing, August 6th, 1878. JOHN F. STAINES.

Helladicus.—Probably information could be obtained from the Edinburgh Medical Missionary Society, which has established a dispensary at Niigata. Dr. Palm, the missionary there, states that the work of the dispensary is increasing, and that the want of additional accommodation is felt. He hopes that the directors of the Society will enable him to put up a hospital with at least twelve beds.

Dr. Vallance's letter arrived too late for insertion in our present number.

NITRITE OF AMYL IN SEA-SICKNESS.

To the Editor of THE LANCET.

SIR,—I was extremely pleased to read in your journal of July 27th a paper by Dr. Leeson, giving his experience in the use of my remedy for sea-sickness.

Since I published my own results in August, 1875, I have received many letters of thanks from grateful patients, who have found relief from the tortures of sea-sickness in the use of nitrite of amyl. But I have had no medical opinion on its value until the present time, with the exception of a note from Dr. J. Crichton-Browne, stating that he had found it efficacious in some few cases which he met with when crossing to Sweden last year.

Though Dr. Leeson's success with the drug was not so marked as my own, his results are, I think, sufficiently encouraging, and I hope that the fact of his recalling attention to the use of nitrite of amyl in the treatment of sea-sickness will lead to a more extensive trial of its value by those having opportunities of testing it.

There is some difficulty in preserving nitrite of amyl when carried in a bottle, as, especially in hot weather, the stopper is liable to be blown out, and an escape established. I now always recommend patients to carry the drug in capsules, such as are manufactured by Allen and Hanbury, Plough-court, which may be broken, and their contents dropped upon a handkerchief as required.

With regard to quantity, I think that almost any amount may be inhaled by a healthy person; but *under no circumstances* would I administer the drug to a person suffering from any arterial disease. A great point in the administration is to exclude all atmospheric air other than that coming through the saturated portion of the handkerchief.

Yours faithfully,

Surbiton, July 29th, 1878. CROCHLEY CLAPHAM.

To the Editor of THE LANCET.

SIR,—While reading Dr. J. Rudd Leeson's paper on Dr. Crochley Clapham's method of treating sea-sickness, I noticed his remark that nitrite of amyl is generally regarded as a very dangerous drug. I think there is reason to believe that a considerable quantity of it can be inhaled without any bad effect. My belief is partly founded on the following accidental observation:—While handling some drugs, I incidentally touched a quart bottle containing nitrite of amyl. It immediately burst at the shoulder, owing apparently to the extreme tightness of the stopper and the increased pressure of the substance through having been kept in a heated atmosphere. The nitrite immediately filled the air; the stopper was irremovable, and while the substance was being poured over the broken shoulder of the bottle prolonged exposure to a volume of the nitrite ensued. Much flushing of the face and auditory sensations of a rushing character were produced, and after a time considerable headache, but no urgent symptoms of any kind ensued.

Yours &c.,

Exeter, August 3rd, 1878. R. LAWSON, M.B.

Lymph.—The special certificate is easily obtainable, and desirable, if not indispensable.

Enquirer.—"No" is the answer to all the questions.

M.D., B.Sc.—The suggestion should be addressed to the publishers of the work in question.

SURGICAL SWINGS.

To the Editor of THE LANCET.

SIR,—I notice in the article on Surgical Swings and Pulleys, in your impression of July 13th, by Professor Gamgee, that a patient of his, while suspended by loops under the axillæ, suddenly became pale, unconscious, and nearly pulseless, and that means had to be quickly used to restore animation. Professor Gamgee further states that he has since heard of more than one similar case.

In the "Memoirs of the Sanson Family" the following story is told:—One of Sanson's ancestors was public executioner, and in the course of his practice was called upon to suspend an unfortunate boy by loops under the axillæ from the public gibbit. There was no intention of putting the culprit to physical pain. He was to be quietly suspended for the space of an hour, and exposed to the gaze of the crowd, and then was to be taken down, and his punishment was over. It was merely a sort of pillory. He was to be a warning to others, and take warning himself. After a short time the executioner, moved by the boy's shrieks, and thinking something must be wrong, took him down, and was surprised to find him dead.

I have read the same account in another book, I think in "Evelyn's Memoirs."

This story, coupled with Professor Gamgee's experience, should, I suggest, make surgeons very cautious while adjusting Professor Sayre's plaster jacket, or sudden death may occur of a more terrible nature than even those which at present startle us during the administration of anæsthetics.

Yours obediently,

Kenton, Exeter, July 22nd, 1878. GEORGE PYCROFT.

A SUGGESTIVE CUSTOM IN DEVONSHIRE.

To the Editor of THE LANCET.

SIR,—I am informed that women in Devonshire refrain from butter-making and meat-salting during the catamenial period, on the ground that both butter and meat become tainted. I shall be glad to know if they are correct in so doing, as I do not remember having seen the point medically alluded to.

Yours &c.,

Exeter, August 4th, 1878. DEVONSHIRE.

Nemo.—The Reports of the Visitors are in the possession of the General Medical Council. The Registrar would say whether they can be given or sold to our correspondent.

Mr. R. T. Wright's paper will appear in an early number.

THE EXAMINATION IN PHYSIOLOGY AT THE LONDON UNIVERSITY.

To the Editor of THE LANCET.

SIR,—I notice in your journal the reply made to an objection of a candidate at First M.B. Lond. It appears to me you have lost sight of an important fact. You think it "unreasonable" to complain that the question is on "comparative anatomy," but the Calendar of the University for this year announced that that subject was to be excluded from the examination. On the faith of this, students were advised to confine their work to the subject proper. The examiners do not accept answers such as could be given by men well up in human physiology. You say this is necessary to understand the function of the heart. I take exception. You may know enough of the frog and fish to comprehend the question; but you would, at the ratio of marking lately observed, scarcely get a couple of marks for such information. Again, you speak of this as one out of "only four" questions. That is the sting for the candidates. After very hard work, one-fourth of their marks may be lost by the examiner travelling beyond his subject. In this particular paper the matter is still more unfair. Out of the four questions, one is exclusively animal chemistry, another is anatomy. In fact, it may be asserted that no opportunity is afforded by the paper of displaying a knowledge of what is usually called physiology. There is no text-book of physiology which would lead the student to anticipate that kind of examination.

The truth is, Mr. Editor, for some years the questions in this subject have been growing "wilder," and we know not what to tell our students to do. Last year men who were well up in Carpenter's work were plucked because the questions were put from Foster—a work only just issued. This year we have worked our men through Foster, and it is useless. Unless some method is to be observed, teachers will unite to dissuade their students from entering at the University at all. A game of chance is too trying an ordeal for sober and steady workers.

Yours &c.,

August, 1878. A TEACHER.

H. B.—The cottage system is in operation for the treatment of the insane, and might, with advantage, be extended in its application.

Mr. E. Hallmer.—We do not prescribe. Consult a qualified practitioner, and pay him his fee.

Mr. G. A. Woods.—The paper is marked for insertion.

DEATH CERTIFICATES.

To the Editor of THE LANCET.

SIR,—I should be indebted if you would give me your opinion upon the following case.

A child suffering from diarrhœa is brought to me on Saturday. I prescribe for it. On Sunday it is taken suddenly worse, and another medical man is sent for. He sends his unqualified assistant, who visits, and gives a bottle of medicine to the child. The patient dies a few hours subsequently. The parents go to the unqualified assistant for a death certificate, and he refuses to give one. They then come to me for one. Am I justified, and could they (the parents) by law force me to give it? I may say that the people are respectable, and I have no reason to think that the death was caused by unnatural means.—Yours truly,

August 6th, 1878. F. B.

*** Our correspondent does not seem to be the medical man to whom application should be made for a certificate. The case had passed from under his care.—ED. L.

Health P. H.—Our rule is not to recommend any one physician or surgeon in particular. The symptoms mentioned are such as indicate a morbid condition capable of being readily treated by any qualified practitioner.

SALICYLATE OF SODA IN PERTUSSIS.

To the Editor of THE LANCET.

SIR,—During a recent epidemic of pertussis I thought possibly the salicylate of soda might be of use, and the beneficial effects I had from its use were very marked. I gave it in doses of from three grains to five grains in water. After the first two or three doses the expectoration became more copious, and was much more easily got rid of, and in four or five days in most cases the spasmodic cough either ceased or became so slight as not to cause much inconvenience. The effect was not so marked as that of quinine, but it seemed to me much more certain. Hoping some of your readers will give it a more extended trial,

I am, Sir, yours obediently,

Wath-on-Dearne, July 20th, 1878. W. M. JONES.

SMALL-POX ISOLATION.

To the Editor of THE LANCET.

SIR,—Small-pox broke out last May in this village and a hamlet adjacent among poor cottages swarming with children. A hut for men was built in a field outside the hamlet, and another for women in a field outside the village, and the cases removed to them as they occurred. Further infection instantly ceased, and the patients recovered rapidly under the care of trained nurses. The huts were of sawn boards, 10 feet by 15, rough but comfortable; room for three beds, with a corner for a stove, table, &c., for the nurse. They were each built in a day, at a cost of £12. Had we adopted the plan with the first case, a valuable life would have been saved, and further spread avoided.

I am, Sir, yours &c.,

Blockley, Worcestershire, August, 1878. R. B. BELCHER.